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ABSTRACT

The book defines terms and presents information on various aspects of educating handicapped children. Definitions of over 1,000 terms used in the education of handicapped children are presented in four sections: general terms, terms from P.L. 93-112, terms from P.L. 94-142, and terms from the supplement to P.L. 94-142. Additional topics covered in the booklet are the following: tests used in the education of the handicapped (annotations on over 200 assessment instruments); questions and answers regarding the individualized education program; regulations regarding postsecondary education for the handicapped; information on private schools for the handicapped (including descriptions of 20 schools and camps); rights and responsibilities of parents of the handicapped (including sections on notice, consent, evaluation and placement, records, confidentiality, and hearing rights). Listings of state education agencies for the handicapped, organizations and agencies for the handicapped, federally mandated agencies for the handicapped, state and local advocacy groups, and offices for civil rights conclude the booklet. (CL)

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TERMS USED IN

EDUCATION
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DICTIONARY

TERMS USED IN

EDUCATION OF THE HANDICAPPED

COMPLIMENTARY COPY

BY

LINDA NICHOLS-WATTS
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PREFACE

This book is a dictionary of terms commonly used in education of the handicapped. It also contains a number of other helpful features, such as a description of tests used in educating the handicapped, a summary of the rights and responsibilities of parents of the handicapped as defined by law, and a list of organizations and agencies for the handicapped. Of particular interest to both parents and teachers are the parts of this book which contain federal regulations as they apply to public and private schools, postsecondary education, and the development and implementation of Individualized Education Programs for the handicapped student. Many parents will welcome the section on private schools that details regulations which focus on private school placement and lists leading private schools and camps in the United States and abroad.

The book is designed primarily for educators working with the handicapped. It should also be a quick and useful reference for parents, student teachers, human service providers, advocacy groups, examiners and physicians. University faculty members will find it valuable for purposes of review and as a ready reference.

The book is divided into eleven parts as listed in the Table of Contents. Each Part is prefaced by a brief statement to facilitate the use of the information contained in the Part being reviewed.

Information included in this book is a compilation of terms which appear in books used in education of the handicapped, definitions included in Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112), regulations for the implementation of the Education of the Handicapped Act (Public Law 94-142), the supplement to Public Law 94-142 published on December 29, 1977, and the Notice of Interpretation which addresses the development and implementation of Individualized Education Programs. The names and descriptions of tests were originally published in the Arkansas Child Find Manual as was the summary of Parents Rights and Responsibilities.

For the sake of clarification, it should be noted that the questions and answers in Part III frequently refer to regulations with a prefix of 300. These same regulations are listed in Part I with the prefix of 121a. This change occurred as a result of the creation of the Department of Education. Individual section numbers in the regulations have not changed. For example, items such as 121a.340 and 121a.349 have been redesignated as 300.340 and 300.349.

DEDICATIONS

To my parents whose example helped develop my dedication to the welfare of others. To Michael who led me to my interest in the area of special education, and to Tara who helped me put my ideas together in this book.

RRS

To my parents who taught me the value of producing, Riqua who inspired the product, and Christopher who helped me find the courage to produce.

LNW

Our appreciation to Betty and Joan for sharing their talents.

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INTRODUCTION

A clear understanding of the terms used in the education of the handicapped is closely associated with one's knowledge of legislation enacted in behalf of the handicapped. For this reason we include this brief review of legislation beginning with the Rehabilitation Act of 1973. The Rehabilitation Act of 1973 is a civil rights law which provides that no individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

In the same statute, Congress defined the term "handicapped individual" solely with relationship to employment. The following year, in Section 111(a) of the Rehabilitation Act Amendments of 1974 (Public Law 93-516), Congress amended the definition of "handicapped individual" for purposes of Section 504 and the other provisions of Titles IV and V of the Rehabilitation Act so that the definition was no longer limited to the dimension of employability.

A "handicapped individual" was defined as "any person who (A) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (B) has a record of such an impairment, or (C) is regarded as having such an impairment." Section 504 presents the first civil rights law protecting the rights of all handicapped persons and reflects a national commitment to end discrimination on the basis of a handicap, and to bring handicapped persons into the mainstream of American life.

One year later the Education for All Handicapped Children Act of 1975 was enacted with the purpose of assuring that all handicapped children have available to them a free appropriate education which emphasizes special education and related services designed to meet their unique needs, to assure that the rights of handicapped children and their parents or guardians are protected, to assist states and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children.

From the beginning, the Department of Health, Education, and Welfare recognized that the problem of ending discrimination on the basis of handicap presented considerations that were extremely complex. The diversity of types of handicaps and the wide difference in settings in which programs financed by the Department were offered made the task of prescribing general rules of nondiscriminatory treatment a difficult one. There was definite evidence that in the past many handicapped persons had been excluded from programs entirely or denied equal treatment simply because they were handicapped. Eliminating gross exclusions and denials of equal treatment or admitting a handicapped person into a program was not sufficient to assure genuine equal opportunity.

Ending discriminatory practices and providing equal access to programs in many cases placed major burdens on some recipients. Such burdens and costs were not a basis for exemption from Section 504 or Congress' mandate to end discrimination. These burdens and costs were taken into account in the regulations published on May 4, 1977, prescribing actions necessary to end discrimination and to bring handicapped persons into full participation in federally financed programs and activities.

On August 23, 1977, the United States Office of Education, HEW, issued final regulations for implementation of Part B (Assistance for Education of All Handicapped Children) of the Education of the Handicapped Act. These regulations include specific procedures designed to assure that all handicapped children have available to them a free appropriate public education; to assure that the rights of handicapped children and their parents are protected; to assist states and localities to provide for the education of handicapped children; and, to assess and assure the effectiveness of efforts to educate such children.

On December 29, 1977, the Office of Education published a supplement to Public Law 94-142 which amended procedures for evaluating specific learning disabilities.

Legislation to this point began to change the nature and quality of education for the handicapped. State laws in effect previous to the enactment of Public Law 94-142 were adjusted to meet the federal mandate in cases where the states planned to apply for federal assistance. Local school districts created programs for students who had been excluded or inadequately served, and universities developed more comprehensive training programs for teachers of the handicapped.

Although the law was in effect, there were many questions concerning the interpretation and implementation of the regulations, and in particular those which addressed the individualized education program which describes each student's needs and which outlines the services which are to be provided to meet those needs.

In response to public inquiries requesting Department policy and guidance on this matter, a Notice of Interpretation of the individualized education program (IEP) requirements under Part B of the Education of the Handicapped Act as amended by Public Law 94-142 was published in the Federal Register on Monday, January 19, 1981, by the Department of Education. This Notice of Interpretation was the culmination of a process which involved extensive public review and comment and is a legally binding document.

On Wednesday, August 4, 1982, a notice of proposed rulemaking was published in the Federal Register by the Education Department, in which the Secretary has proposed to amend the regulations for the Assistance to States for Education of Handicapped Children. In the proposal it is stated that the Secretary believes that changes proposed in the document will result in regulatory requirements which adhere more closely to the language of the statute and its legislative history. The proposed regulations are designed: (1) to reduce fiscal and administrative burdens on recipients while implementing statutory protections to all handicapped children, and (2) to address various problems that have arisen in the implementation of the program since the current regulations became effective in October 1977. The major purpose of the revisions is to improve the process for ensuring a free appropriate public education for handicapped children envisioned by the statute by removing the excessive regulatory overlay that detracts from that process. The proposed guidelines are not requirements and are not binding. A final ruling on amendments to the regulations for the Assistance to States for Education of Handicapped Children is expected to be published in the early part of 1983.

The 1985-86 issue of this Dictionary will include new terms introduced in the final amendments. All terms will be revised yearly based on current regulations, research, and accepted practices in the education of the handicapped.

I

DEFINITION OF TERMS USED IN EDUCATION OF THE HANDICAPPED

Part I has four sections. The first section is an alphabetized listing of terms commonly used in education of the handicapped. Section 2 is made up of definitions published in the Federal Register on May 4, 1977, as the final rule for section 504 of Public Law 93-112: Nondiscrimination on the Basis of Handicap. The definitions in section 3 were published in the Federal Register on August 23, 1977, as part of the final regulations for the implementation of Public Law 94-142: Part B of the Education of the Handicapped Act. This section is followed by references referred to in the definitions. Section 4 is made up of definitions published in the Federal Register on December 29, 1977. These regulations provide procedures for evaluating specific learning disabilities and supplements basic evaluation requirements in Public Law 94-142.

SECTION I

A

ABERRATION severe departure from what is common or normal.

ABILITY competence to act, whether inherited or acquired; a general word for mental power.

ABILITY GROUPING subdivision of a group of students into smaller groups of relatively equal ability, in one academic area or in general intellectual ability; used to facilitate instruction, foster cooperation, or achieve a common goal.

ABSTRACT REASONING the ability to comprehend relationships and to respond, not only to concrete objects, but to concepts and symbols.

ACADEMIC ABILITY the capacity to perform adequately in usual tasks required by schools.

ACADEMIC ACHIEVEMENT performance in one or more of the basic school subjects; generally measured by standardized achievement test and achievement in classroom as indicated by school personnel.

ACADEMIC APTITUDE natural talent or inclination to achieve in academic areas.

ACALCULIA inability to perform mathematical functions.

ACCESS RIGHTS (Federal Reg.) each agency shall permit parents to inspect and review any education records relating to their children which are collected, maintained, or used by the agency. The agency is to comply with a request without unnecessary delay and before any meeting regarding IEP or hearing relating to the identification, evaluation, or placement of the child, and in no case more than 45 days after the request has been made. The right to inspect and review education records includes: (1) the right to reasonable requests for explanations and interpretations of the records; (2) the right to request copies of the records containing the information if failure to provide those copies would prevent the parent from exercising the right to review and inspect the records; and, (3) the right to have a representative of the parent inspect and review the records. An agency may presume that the parent has authority to inspect and review records of his child unless the agency has been advised that the parent does not have the authority under applicable state law governing such matters as guardianship, separation and divorce.

ACCOMMODATION movements that prepare a sense organ to receive impressions or stimuli; adjusting teaching methods, modes of responding and evaluation to facilitate a student's particular learning style.

ACETYLCHOLINE (ACH) thought to be the chemical agent of transmission at the synapse.

ACHIEVEMENT LEVEL the degree of success attained in a specific academic area, as indicated by standardized tests or classroom performance; may be general or in a specific area such as reading achievement level.

ACOUSTIC PHONETICS the branch of phonetics which deals with the sounds of speech and their acoustic properties such as pitch, volume, or duration.

ACQUIRED BEHAVIOR behavior which is primarily the result of experience.

ACROCEPHALOSYNDACTYLY vertical lengthening of head; characteristic facial appearance includes hypoplasia of the maxillae and bulging of the eyes, syndactyly of the hands and feet; varying degrees of mental retardation occur; also known as craniostenosis.

ACROCEPHALY a disorder characterized by pointing of the head anteriorly.

ACTING OUT inappropriate behavior usually characterized by a high intensity of activity.

ACUITY acuteness or clearness of sensory perception.

ADAPTIVE BEHAVIOR the degree with which a person meets the standards of personal independence and social responsibility expected of his age and cultural group.

ADDUCTOR a muscle used to move or draw toward the axis of the body or one of its parts; to bring together similar parts such as fingers.

ADENOMA SEBACEUM skin lesions consisting of small, shiny, waxy, or reddish papules, usually distributed over the face and chin, sometimes in conjunction with telangiectasia, adenoma sebaceum, mental retardation, and convulsions.

ADJUNCTIVE SERVICES services that supplement or support the regular education program.

ADJUSTIVE RESOURCES resources that can be used in solving various problems for individual students.

ADJUSTMENT MECHANISM a technique used to reduce anxiety and tension.

ADVENTITIOUS acquired accidentally rather than inherent or congenital.

ADVENTITIOUS DEAFNESS deafness acquired through illness or accident in a person who had normal hearing at birth.

ADVOCACY agencies or persons who act in behalf of the interests of others who are handicapped.

AFEBRILE CONVULSION a convulsion that is not related to fever.

AGENCY the term "public agency" includes the state educational agency, local educational agencies, intermediate educational units, and any other political subdivisions of the state which are responsible for providing education to handicapped children.

AGGLUTININ an antibody found in the blood serum which causes particles to collect into clumps.

AGGRESSIVE boldly assertive; vigorously energetic either physically or verbally.

AGITOGRAPHIA a writing disability associated with very rapid movements and the omission or distortion of letters, words, or parts of words.

AGNOSIA inability to identify familiar objects through a particular sense organ; there is auditory agnosia, auditory-verbal agnosia, color agnosia, geometric-form agnosia, picture agnosia, tactile agnosia, tactile-verbal agnosia, and visual or optic agnosia.

AGRAPHIA inability to recall kinesthetic writing patterns; inability to relate mental images of words to the motor movements necessary for writing them.

AIR CONDUCTION TEST a pure-tone hearing test using earphones; results generally compared to those of bone conduction test.

ALBINISM hereditary condition in which the individual lacks pigment in the iris, skin, and hair.

ALEXIA inability to receive, associate, and understand visual language symbols as related to objects and experiences, resulting in a severe reading disability usually considered the by-product of brain dysfunction; not synonymous with dyslexia which may have multiple causes.

ALPER'S DISEASE a progressive neurologic disorder of infancy characterized by convulsions, arrested development, blindness and generalized rigidity associated with extensive neuronal loss and gliosis throughout the cerebral cortex.

ALPHA WAVES an electroencephalographic recording of neuronal firing in the cerebral cortex characterized by a 8-13 frequency.

AMBIVALENCE opposing feelings occurring simultaneously toward a person or situation.

AMBULATORY READING reading done when one is just passing time.

AMENTIA an obsolete term previously used to define the level of severe mental retardation for persons with an intelligence quotient falling below 25 or 30.

AMERICAN SIGN LANGUAGE (AMESLAN) a signing system conveying general ideas which has its own grammatical rules and is considered to be a true language.

AMUSIA inability to comprehend or produce musical sounds.

AMENDMENT OF RECORDS (Federal Reg.) a parent who believes that information in their child's education records collected, maintained or used, are inaccurate or misleading or violate the privacy or other rights of the child, may request the agency who collects, maintains or uses personally identifiable information to amend the information. The agency shall decide whether to amend the information in accordance with the request within a reasonable period of time of receipt of the request. If the agency decides to refuse to amend the information, it shall inform the parents of the refusal and advise the parent of the right to a hearing.

AMNESIA loss of memory as related to a brain injury, shock, or similar causes.

AMINO ACID one of a group of acids that are obtained from protein by hydrolysis.

AMNIOCENTESIS a medical process involving an examination of the amniotic fluid around the fetus; generally used to determine the presence of abnormality.

ANAL-EXPULSIVE SUBSTAGE a substage of the anal stage of psychosexual development during which a child derives gratification from expelling of feces.

ANAL STAGE the stage in psychosexual development during which gratification is centered around the anal area of the body and the process of defecation.

ANALYTIC TOUCH the touching of parts of an object followed by constructing the separate parts "mentally."

ANARTHRIA inability to form words accurately associated with brain lesion or damage to peripheral nerves which carry impulses to articulatory muscles.

ANCILLARY PERSONNEL personnel who act in a supportive role to the professional primarily responsible for a given student.

ANGULAR GYRUS area in the left hemisphere of the brain which governs some speech functions.

ANNUAL GOALS annual goals in the IEP are statements which describe what a handicapped child can reasonably be expected to accomplish within a twelve-month period in the child's special education program. There should be a direct relationship between the annual goals and the levels at which a child is functioning educationally.

ANNUAL REVIEW meetings must be conducted at least once each year to review and, if necessary, revise each handicapped child's IEP. The meetings may be held anytime during the year including (1) at the end of the school year, (2) during the summer before the new school year begins, or (3) on the anniversary date of the last IEP meeting on the child.

ANOMALY a deviation from the common or normal pattern.

ANOPHTHALMIA absence of one or both eyes as a congenital condition.

ANOXIA lack of oxygen to the brain.

ANTICATHEXIS the process by which psychic energy is used by the ego to control the id as defined by Sigmund Freud.

ANTICONVULSANT MEDICATION medication used to prevent or control the onset of epileptic or other convulsive seizures.

ANXIETY NEUROSIS a condition characterized by apprehension and fear; irritability, excitability, and depressed states frequently accompany this condition.

APERT'S SYNDROME vertical lengthening of head; characteristic facial appearance includes hypoplasia of the maxillae and bulging of the eyes, syndactyly of the hands and feet; varying degrees of mental retardation occur; also known as craniostenosis.

APHASIA loss of ability to comprehend, manipulate, or express words in speech, writing, or gesture; usually associated with injury or disease in brain centers which control these processes; there is auditory aphasia, expressive aphasia, formulation aphasia, nominal aphasia, and paraphasia.

APHONIA inability to utter sounds orally due to a structural or functional defect in the vocal chords

APRAXIA brain disorder involving the loss of ability to manipulate and use common objects and to execute planned movements in the absence of paralysis or sensory disturbance.

APTITUDE the capacity to benefit from training in a particular area.

AQUEOUS HUMOR watery substance between the cornea and the lens of the eye.

ARTHOGYPOSIS a congenital condition characterized by the absence of or muscles which are smaller or weaker than normal, causing stiffness or deformed limbs and trunk.

ARTHRITIS a disease characterized by inflammation of the joints.

ARTICULATION refers to the movements the vocal tract makes when producing speech sounds.

ARTICULATOR a person or thing which articulates.

ARTICULATORY DEFECTS indistinct speech resulting from the inability to produce the commonly accepted speech sounds.

ARTICULATORY PHONETICS phonetics related to the process and anatomy involved in the production of speech sounds.

ART THERAPY therapeutic process in which the visual arts are used in intervention.

ASCENDERS letters which project above the base configuration of the word; b and t are ascenders in the word "butter."

ASOCIAL not social; avoiding interaction with others.

ASPHYXIA loss of consciousness resulting from too little oxygen; believed to be a possible cause of brain damage at birth.

ASPIRATE to pronounce a word, consonant, or word with an initial h sound.

ASSIMULATIVE READING reading with understanding of what the author says.

ASSOCIATIVE LEARNING when the first stimulus is experienced, the second tends to be recalled; the act of connecting one idea with another.

ASTEREOGNOSIS when a person cannot recognize objects or their forms by touching or feeling them; a form of agnosia.

ASTHMA chronic respiratory condition in which one experiences repeated difficulty in breathing (dyspnea).

ASTIGMATISM an aberration of a lens or optical system that causes a defect in vision characterized by unequal curvatures along the different meridians in one or more of the refractive surfaces of the eye; rays from a luminous point are not focused at a single point on the retina but are diffused or spread out.

ASYMBOLIA inability to understand symbols used in mathematics, chemistry, music, etc.

ATAXIA a type of cerebral palsy characterized by awkwardness of fine and gross motor movements, involved with balance, posture, and orientation in space.

ATAXIA-TELANGIECTASIA probably a hereditary disorder with an autosomal recessive type of inheritance; syndrome of cerebellar ataxia, extrapyramidal signs, continual respiratory infections, telangiectasia, abnormal immune mechanism; eventual mental retardation in one-third patients.

ATHETOSIS a form of cerebral palsy characterized by uncontrolled muscular movements, slow, recurring, weaving movements of arms and legs, and by facial grimaces.

ATRESIA a condition involving the incomplete formation of the external auditory canal.

ATROPHY a wasting of the entire body or its tissues or organs.

ATYPICAL CHILD not typical.

AUDING listening, recognizing, and interpreting spoken language; involves more than just hearing and responding to sounds.

AUDIO pertaining to the transmission, reception, or reproduction of sound or audio frequencies.

AUDIO FREQUENCY a frequency between 15 and 20,000 cycles per second; within the range which can be heard by a person with normal hearing.

AUDIOGRAM a graphic representation of the weakest sound an individual can hear at various frequency levels.

AUDIOMETER an instrument for testing hearing; it may be a pure-tone audiometer or a speech threshold audiometer.

AUDIOMETRIC ZERO/ZERO DECIBEL LEVEL lowest level at which a normal person can hear.

AUDITION the act of hearing

AUDITORY APHASIA lacks the ability to comprehend spoken words; sometimes referred to as word deafness and receptive aphasia.

AUDITORY ASSOCIATION the ability to relate spoken words in a meaningful way.

AUDITORY CLOSURE the ability to conceptualize in a meaningful form words and/or sounds which are incomplete.

AUDITORY DISCRIMINATION the ability to identify slight differences in sounds of different pitch, volume, and pattern; includes the ability to distinguish one speech sound from another.

AUDITORY IMPERCEPTION failure to understand verbal communication and the significance of familiar sounds.

AUDITORY MEMORY the ability to repeat a sequence of symbols correctly; requires immediate auditory recall.

AUDITORY MOTOR FUNCTION involves the expression of motor behaviors elicited by associated auditory stimuli or cues; the motoric response to verbal direction.

AUDITORY NERVE cranial nerve that conducts impulses from the organs of hearing to the brain.

AUDITORY PERCEPTION the ability to perceive and understand sounds and their meaning.

AUDITORY PHONETICS phonetics dealing with physiological processes associated with hearing of speech sounds.

AUDITORY RECEPTION the ability to understand the spoken word.

AUDITORY SEQUENTIAL MEMORY the ability to remember a sequence of auditory stimuli.

AUDITORY TRAINING the process by which a deaf or hard-of-hearing child is trained to make full use of his/her residual hearing.

AURA a sensation, sometimes experienced just before a seizure; involving the perception of certain odors, sounds, etc.

AURA, EPILEPTIC a subjective sensation that precedes the onset of an epileptic attack.

AURICLE the visible part of the ear, which collects sounds and funnels them via the external auditory canal to the eardrum.

AUTISM a syndrome which usually develops during the first three years of life; manifests itself by delay or disturbance in developmental rates and sequences, responses to sensory stimuli, communicative abilities, cognitive capacities, and the ability to relate to people, events and objects.

AUTOSOMAL DOMINANT INHERITANCE presence of a single abnormal gene in the individual heterozgous results in clinical manifestations; trait found in one parent of either sex and in half of the sons and half of the daughters of an affected person; also known as inheritance pattern.

AUTOSOMAL RECESSIVE INHERITANCE both genes must be abnormal for clinical manifestation; only homozygote is symptomatic; parents are generally clinically normal; one-fourth of offspring inherit abnormal genetic factor from each parent and are affected; one-half are heterzygotes like parents; one-fourth are normal.

AVERAGE INTELLIGENCE a term used to describe intellectual functioning that does not deviate from a given normative group.

AVERSIVE STIMULUS a stimulus that an individual will avoid if possible.

B

BABBLING speech sounds found in the vocalization of infants which precedes a stage of speech development where words are understandable; also common to certain retarded individuals.

BACKWARD CHILD an archaic term used to describe a child with social and academic behavior at less than usual age level standards; sometimes used in reference to a "slow learner."

BALTON, SPELLMEYER, VOGT, KUT DISEASE a form of cerebral lipidosis which occurs in late infancy and is characterized by cerebellar atrophy as defined by Bielschowsky; a more frequent form occurs in late childhood with retinitis pigmentosa and dementia; rare cases begin in adolescence or early adulthood and extend into maturity.

BASAL READING a systematic attempt to teach children to read by giving them daily systematic instruction in reading.

BASAL TEST the major tool used for basal reading instruction.

BASELINE the frequency of occurrence of a particular behavioral characteristic; level of functioning recorded before intervention or treatment.

BASELINE DATA data collected before techniques of behavioral intervention begin.

BASIC ANXIETY a feeling of helplessness or frustration found in a young child or traceable to childhood which is associated with a person's confrontation with a continually threatening environment.

BASIC EDUCATIONAL SKILLS skills which a student is expected to acquire while attending elementary and secondary school programs.

BASIC READING SKILLS includes readiness skills (left to right orientation, visual discrimination, auditory discrimination, etc.), sound-symbol association, word attack skills (blending, producing consonant blends, diagraphs, etc.), the development of a sight word vocabulary, and the decoding of sentences, paragraphs, and short stories.

BASIC SIGHT WORDS words which a child recognizes without having to analyze them.

BASIC VISUAL ACHIEVEMENT FORMS seven geometric forms developed by the Winter Haven Project; thought to be useful in determining a child's degree of coordination and as a prognosticator of probable success in reading.

BEHAVIORAL ASSESSMENT direct observation of particular behaviors which are systematically recorded for a specified length of time.

BEHAVIORAL DEFICIT the absence of expected responses to stimuli.

BEHAVIORAL DISTURBANCE the interference of usual behavior pattern or the breaking up of a usual pattern of coping with natural and social demands of the environment; may be symptomatic feature of some other disorder, trauma, or malfunction.

BEHAVIORAL THEORY a theory that is concerned with observable behavior.

BEHAVIOR DISORDER a term used to describe impaired or abnormal development of internalized controls or mechanisms with which the individual can effectively cope with natural and social demands of the environment.

BEHAVIORISM a doctrine which states that data of psychology consist of the observable evidences of organismic activity to the exclusion of introspective data or references to consciousness and mind.

BEHAVIOR MODIFICATION the systematic application of methods and experimental findings of behavioral science in order to alter observable behaviors, including increasing, decreasing, extending, restricting, teaching, and maintaining behaviors.

BEHAVIOR RATING SCALES measurement techniques providing classification of the level of an individual's adaptive behaviors.

BIBLIOTHERAPY the use of stories in helping children overcome conflicts in their lives.

BILATERAL refers to the use of both sides of the body in a simultaneous and parallel fashion.

BILINGUAL the ability to use two languages.

BINOCULAR FUSION simultaneous integration of data received through both eyes into a single percept when they are aimed at the same point in space.

BIOCHEMICAL DISEASES disorders related to the chemical make-up of the body.

BIOCHEMICAL FACTOR a chemical element relating to the make-up of the body.

BIOGENETIC DISORDER a serious behavior disorder which develops from the physical-chemical environment.

BIOGENETIC FACTOR an element relating to inherited characteristics of the body.

BIOPHYSICAL THEORY a theory based on the constitutional, genetic, and chemical factors that affect the life of the individual.

BIRTH INJURY a temporary or permanent trauma which occurs during the birth process.

BIRTH TRAUMA a term used to describe an injury received during birth; sometimes used to denote the effect upon the psyche from the stress of being born.

BLEND occurs when two letters are combined into a sound, each retaining its distinctive sound.

BLINDISMS repetitive movements such as rocking or eye rubbing; characteristic of some severely retarded and disturbed children.

BOARDING HOME a residential facility which provides general supervision and care as well as food and lodging to semi-independent or independent persons.

BODY IMAGE conscious mental awareness or subconscious knowledge of one's position in space and time; includes the impressions one receives from internal signals as well as feedback from others; anxiety, insecurity, and low self-esteem are sometimes associated with a poor body image.

BONE CONDUCTION TEST used to categorize a hearing problem; results can be compared to those of air conduction test.

BORDERLINE INTELLIGENCE a term used to describe intellectual functioning; one to two deviations below the test mean (68 to 83 Stanford-Binet or 70 to 84 Wechsler).

BOURNEVILLE'S DISEASE a syndrome which consists of adenoma sebaceum seizures and mental retardation of varying degrees; may be autosomal dominant or a recessive type of inheritance; same as tuberous sclerosis.

BRACHMANN-DELANGE SYNDROME consists of severe retardation, small physical stature, bushy, confluent eyebrows, upturned nose, wide upper lip, hypertrichosis and skeletal abnormalities.

BRAILLE a system which consists of a quadrangular cell containing from one to six raised dots which are arranged to denote different letters and symbols used to allow a blind person to "read" with fingertips.

BRAIN the part of the central nervous system enclosed in the cranium which consists mainly of the cerebellum, cerebrum, and brainstem.

BRAIN DAMAGE any structural injury to the brain regardless of cause.

BRAIN DYSFUNCTION a term used when there is suspected malfunctioning of the brain; does not specify tissue damage, and therefore is not referred to as brain damage or brain injury; many professionals avoid use of this term because of its ambiguity.

BRAIN WAVES generation of small amounts of electricity in the brain; can be measured by the electroencephalograph.

BREVE diacritical mark used to indicate a short sound of a vowel.

BRIGHT'S DISEASE inflammation of the kidney which affects its vascular system.

BROAD VIEW OF READING the belief that all activities involved with seeing relationships and interpreting them are reading activities; Claremont or Spencer Concept.

BRONCHIECTOSIS chronic dilation of one of the main branches of the windpipe or their subdivisions.

C

CAPACITY a potential ability, which is inherited but not fully developed.

CARBOHYDRATE compounds such as sugars, starches, and cellulose; constitute a major part of human foods.

CARDIOGRAPH instrument used to record action of the heart.

CASTRATION ANXIETY an unconscious fear of losing the genital organs, usually as a punishment for sexual desires as defined by Freud.

CATALEPSY a sudden seizure involving a trancelike state and muscular rigidity.

CATALYST a democratic method used to develop a cooperative effort among administrators, teachers, and students to meet the educational needs of handicapped children.

CATARACT a condition of the eyes in which the crystalline lens and/or its capsule become opaque resulting in dim vision.

CATASTROPHIC REACTION behavioral response to shock or threatening situation with which a person is unable to cope; response is inadequate, vacillating, inconsistent, and frequently retarded.

CATHARSIS relief of emotional tension by re-establishing the association between a person's present emotional state and the past causal event.

CATHARTIC FORM OF THERAPY therapy in which a person talks out problems.

CATHEXIS focus of psychic energy on a particular idea, memory or action.

CENTRAL LOBE a lobe of the central hemisphere in the brain.

CENTRAL NERVOUS SYSTEM (CNS) the part of the nervous system to which the sensory impulses are transmitted and from which motor impulses pass out; in vertebrates the CNS consists of the brain and spinal cord exclusive of efferent and afferent nerves and separate from the autonomic nervous system.

CEPHALIC pertaining to the head.

CEPHALOCAUDAL SEQUENCE a sequence of maturational development of bodily control which progresses from the head to the tail; e.g., at one month a baby lifts his or her head, then its chest, then sits alone, then stands.

CEREBELLUM the hindbrain portion of the human brain.

CEREBRAL CORTEX relating to the outer area of the brain; largest portion of the brain.

CEREBRAL DOMINANCE the belief that one cerebral hemisphere dominates the other in control of bodily movements; the left side of the brain is considered the dominant hemisphere in the average person.

CEREBRAL DYSFUNCTION refers to a specific disability in mental functioning where the suspected cause is in physiological or neurologic operation of the brain.

CEREBRAL HEMISPHERE the two lateral brain masses of higher mammals that originate from the forebrain and overlie most lower brain areas; the two hemispheres form the largest part of the human brain.

CEREBRAL LIPIDOSIS a condition in which abnormal amounts of a fat-like substance accumulate in the cerebral cells; the two major forms are Infantile (Tay-Sach's disease; Bielchowsky-Jansky disease) and Juvenile (Batten-Mayon disease; Spielmeyer-Vogt disease).

CEREBRAL MENINGITIS inflammation of part or all of the meninges of the brain and spinal cord; usually associated with a bacterial infection.

CEREBRAL PALSY a disorder present at birth or occurring in early infancy which is non-progressive and characterized by aberrations of motor function and often other manifestations of organic brain damage, resulting in seizures, mental retardation, learning difficulty, behavioral disorders, and sensory disorders.

CEREBROSPINAL FLUID fluid that surrounds the brain and spinal cord and fills the four brain ventricles.

CEREBRUM the brain

CERUMEN earwax found in the ear which is bitter; can repel insects and discourage their entry into the ear.

CHAINING the performance of two or more behaviors combined into a complex sequence and occurring in a determinate order.

CHARACTER DISORDER personality disorder which manifests as a disorganized conduct reaction that forms a lifelong pattern of socially deviant behavior. People with this type of disorder show a conscious amoral attitude and agressive behavior against society or the symbols of society and the establishment; tends not to profit from experiences or to stand stress; lacks moral standards; shows little evidence of experiencing deep emotion; tends toward habitual behavior without conscious feeling of anxiety.

CHEMOTHERAPY the treatment of mental, physical and social malfunctioning with chemical substances or drugs to arrest or lessen symptomology.

CHILDHOOD SCHIZOPHRENIA a psychotic condition which generally occurs after five years of age up to adolescence; characterized by passivity, disorientation, confusion, and a lack of ability to have interest in people or objects.

CHILD IN CONFLICT the child who demonstrates behavior that has a negative effect on personal or educational development and/or the personal or educational development of peers; effects may vary considerably from one child to another in terms of severity and prognosis.

CHIMERISM an organism which develops from combined portions of different embryos; one in which tissues of another organism have been introduced.

CHIROSCOPIC DRAWING tracing of an image guided by the eye which does not see the image while the image is seen by the other eye.

CHOLINESTERASE an enzyme believed to remove the acetycholine from cell walls at the synapse; appears to perform a circuit breaker action.

CHOREA spasmodic twitching of a muscle, associated with a disorder of motor-control areas of the nervous system.

CHOREIFORM MOVEMENTS jerky movements which occur irregularly and arhythmically in different muscles; these movements are sudden and of short duration.

CHROMATID a particle of chromosome

CHROMOSOMAL MAP a diagram showing the number and arrangement of chromosomes for a particular person.

CHROMOSOME a rod-shaped entity in the nucleus of a cell which contains genes and conveys hereditary characteristics.

CHROMOSOME ABNORMALITY any body in the cell nucleus that is the bearer of genes which deviate from the usual structure.

CHRONOLOGICAL AGE the child's age in years and months of life; e.g., 6-3 means 6 years and 3 months.

CIRCULAR INSANITY mood swings; manic depressive insanity.

CIRCUMFLEX a diacritical mark.

CISI two or more genes on the same chromosome of a homologous pair.

CLASSICAL CONDITIONING a conditioned response in which stimuli is paired in close time-proximity; involves making a response to a new conditioned stimulus (CS) that was originally elicited only by the natural or unconditional stimulus (US); subject is subjected to both stimuli simultaneously a number of times, after which the conditioned response is presented alone, and elicits the response originally associated with the US.

CLASSROOM TEACHER a teacher whose primary responsibility is to teach basic educational skills.

CLAUSTROPHOBIA fear of being enclosed or of being suffocated in confined places.

CLEFT PALATE, CLEFT LIP a rift or split in the upper part of the oral cavity or the upper lip.

CLINICAL EXPLOITATION OF LIFE EVENTS the process of dealing with a crisis in a methodical way, allowing the individual to see the relationships between the beginning, development, and resolution of the conflict.

CLINICAL PSYCHOLOGIST a psychologist who uses the clinical method and works with clients to better adjust to their environment, based on data collected by means of interview, testing, case history, and/or observation.

CLONIC pertaining to a spasm in which rigidity and relaxation alternate in rapid succession.

CLONUS involuntary rapid contractions and relaxations of a muscle.

CLOSED SYLLABLE ends in a consonant

CLOSURE achieving completion in behavior or mental act which tends to stabilize or to complete a situation; may occur in any sensory modality.

CLUBFOOT a congenital condition in which one or both feet are turned at the wrong angle at the ankle.

CLUTTERING a disorder resulting in excessive speed of speaking, disorganized sentence structure, misarticulation, and verbal repetition.

COCHLEA an organ that lies below the vestibular mechanism which converts sound coming from the middle ear into an electrical signal in the inner ear, which is then transmitted to the brain.

COGNITIVE MAP a mental outline developed by a person to assist him or her in any goal-seeking behavior which reduces trial and error motions.

COGNITIVE STRUCTURE patterns developed from experiences that a person uses when performing complicated tasks with reduced cues; term used primarily in Gestalt psychology.

COGNITIVE STYLE an individual's usual approach to problem solving and cognitive tasks; for instance, some persons tend to be analytical, while others tend to be holistic in their approach.

COGNITIVE SYSTEM separate cognitions formed into a meaningful complex.

COLOBOMA a degenerative disease resulting in incomplete formation of the central and/or peripheral areas of the retina; impairment of the visual field and/or central visual acuity.

COLOR BLINDNESS inability to distinguish between hues that appear different to a normal-sighted person.

COMMITMENT (LEGAL) assignment of custody, confinement, or treatment by court order in contrast to voluntary admission procedures.

COMPENSATION a defense mechanism used by a person to cover up or counterbalance a real or imagined physical or personality defect.

COMPENSATORY SKILLS skills developed through educational training which help a student perform at his ability level when his or her disability might otherwise limit academic performance; e.g., a student with severe perceptual disabilities may not be able to read, but can be trained to listen carefully, record information on tape, organize his or her thoughts, dictate responses, and therefore bypass his disability.

COMPULSIVENESS performing or doing things in habitual ways.

CONCEPTUAL BACKGROUND generalizations the student has before he begins a particular book or level of reading.

CONCRETE OPERATIONS the fourth stage of mental development (7-11 years) in which the child develops concrete concepts; based on Piaget's cognitive growth theory.

CONCRETISM thinking and behavior indicative of a person who tends to regard each situation as essentially new and unique, and who fails to see essential similarities between situations which normal persons accept as similar or even identical.

CONDITIONED RESPONSE a newly learned response

CONDITIONING method of acquiring new stimulus-response relationships.

CONDUCT DISORDER behavior characterized by violation of society's standards of conduct.

CONDUCTIVE HEARING LOSS condition which reduces the intensity of the sound vibrations reaching the auditory nerve in the inner ear.

CONFIDENTIALITY regulations governing the protection and privacy of parents and students were originally set forth in the Family Educational Rights and Privacy Act (FERPA) (the "Buckley Amendment") as codified in 20 U.S.C.1232g. Procedures and regulations to assure the confidentiality of personally identifiable information as required by 1417(c), Regs.121a560-121a576, go beyond the requirements of FERPA in that 1417(c) regulations include (1) those who have not yet become students; i.e. preschool or unserved (FERPA refers to "students" or "eligible students"); (2) regulations which apply to all agencies involved in the State's identification, location, evaluation, and education efforts (FERPA is applicable only to students in attendance at educational agencies and institutions receiving funds from the United States Office of Education administered programs); (3) specific notification to parents that data will be collected on their children; (4) more extensive rights of access for parents; (5) modifications of FERPA requirements concerning parental consent before release of personally identifiable information; (6) specific safeguards to protect the confidentiality of personally identifiable information; (7) severity of disability as well as age must be considered in connection with the transfer of privacy rights from a parent to an 18-year-old student; and (8) regulations for state educational agencies concerning sanctions it can use to insure implementation of the confidentiality requirements.

CONFIGURATION the overall or general shape of a word.

CONFLICT a condition that arises when a person is faced with motives which are incompatible.

CONFORMISTS those who follow rules.

CONFORMITY the acceptance of cultural goals and of the institutional means used to reach such goals.

CONGENITAL existing at birth but not necessarily hereditary.

CONGENITAL ANAPHTHALMOS lack of development of the eye and parts of the brain; usually associated with mental retardation.

CONGENITAL TOXOPLASMOSIS a disease characterized by lesions of the central nervous system; may lead to blindness, brain defects, and death.

CONJUNCTIVITIS inflammation of the mucous membrance found on the inner surface of the eyelid and reflected over the forepart of the eyeball.

CONSCIENCE according to Freud, the part of the superego that is morally critical of the behavior, actions, and values of the self.

CONSERVATION one's ability to retain a concept of area, mass, length, and other features when superficial changes occur in the appearance of an object or scene.

CONSONANT a letter in the alphabet that represents a consonant sound.

CONSTANCY PHENOMENON when brightness, color, size, or shape remain relatively constant despite marked changes in stimulation, and are relatively independent of changes in illumination or in other viewing conditions.

CONTEXTUAL ANALYSIS using the whole sentence or general context of an unknown word to determine meaning.

CONTIGUITY THEORISTS a branch of behaviorists who believe that the essential element in learning is the closeness in time and space of stimulus and response.

CONTIGUITY THEORY based on the principle that if two or more events occur simultaneously in time and space, the presentation of one will reinstate the other; related to Guthrie's theory of learning in which learning is believed to take place by a contiguous relationship between sensory and motor events in a learning situation rather than reinforcement.

CONTINGENCY the dependency of one event upon another; the relationship between a given response and its environmental consequence as related to behavior modification.

CONTINGENCY MANAGEMENT manipulation of environmental consequences of a given behavior; a technique used in which new consequences for a target behavior are introduced and rewards are made contingent on more appropriate behavior, while reinforcement for undesirable behavior is withdrawn.

CONTINUUM OF ALTERNATIVE PLACEMENTS (Federal Reg.) each public agency will insure that a continuum of alternative placements is available to meet the needs of handicapped children for special education and related services. The continuum must include instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions. Public agencies must also make provision for supplementary services such as resource room or itinerate instruction to be provided in conjunction with regular class placement. Placement must be determined at least annually, must be based on the child's individual education program, and as close as possible to the child's home. Unless a handicapped child's IEP requires some other arrangement, the child is to be educated in the school which he or she would attend if not handicapped. Consideration is to be given to any potentially harmful effect on the child or on the quality of services which he or she needs.

CONTROL GROUP a group of subjects who are similar to those used in an experiment but to which the variable of the study is not applied.

CONVERGENCE the ocular pointing mechanism by which the eyes are "aimed" at a target, which enables one to see a single object at different distances.

CONVERGENT THINKING the tendency to think deductively and arrive at an answer that could be scored "right" or "wrong."

CONVULSION violent involuntary contractions of an extensive set of muscles.

COPING BEHAVIOR behavior which tends to be a positive reaction rather than escapist or defensive response in threatening situations.

CORNEA a transparent cover in front of the iris and pupil of the eye which is involved in the refraction of light rays in the focusing of an object.

CORNELIA DE LANGE SYNDROME consists of severe retardation, small physical stature, bushy, confluent eyebrows, upturned nose, wide upper lip, hypertrichosis, and skeletal abnormalities; same as de Lange's syndrome.

CORRECTIVE READING a method of reading used with children who are experiencing minor problems in reading.

CORRELATED closely connected; degree of correspondence; systematically related.

CORTEX the outer layer of an organ.

CORTICAL CENTERS neural centers of the cerebral cortex.

CORTICAL LAYERS neural layers of the cerebral cortex.

COUNSELING an interactional process between counselor and client in which the client seeks assistance from the counselor in helping him change his behavior in order to meet his needs satisfactorily.

COUNTERCONDITIONING reinforcement of responses or behaviors that are incompatible with undesirable responses or behaviors.

COUNTER THEORIES those theories that seek to change established procedures.

COUNTERTHEORIST theorists who use parts of established theories but who add components that change the original theory to a significant degree.

COUNTERTRANSFERENCE a psychotherapeutic relationship in which the therapist is involved with the patient emotionally and brings some of his or her childhood conflicts, defense mechanisms, and unconscious or repressed desires into the therapy session.

COVER TEST a vision screening device.

COVERT REHEARSAL problem solving technique which the individual is directed to silently think about selecting successful strategies.

CRANIOFACIAL DYSOSTOSIS (Crouzon's Disease) a syndrome characterized by acrocephaly, beak-shaped nose, hypoplastic maxilla, short upper and protruding lower lips, hypertelorism, exophthalmos, and external strabismus.

CRANIOSYNOSTOSIS premature closure of one or more sutures of the skull which results in deformity of the head; may cause damage to the brain and the eyes.

CRANIUM BIFIDUM (Encephalocele) a midline defect in which part of the brain protrudes through the back of the skull or into the nose and throat.

CREATIVE READING reading which is designed to encourage a person to produce original ideas based on known facts.

CREATIVITY refers to the ability to sense and elucidate new and important relationships and to pursue new and unique solutions to problems.

CRETINISM congenital hypothyroidism which results in mental retardation, delayed skeletal maturation, dry and cold extremities, myxedema, and a large tongue protruding from an open mouth.

CRI-DU-CHAT SYNDROME chromosomal disorder in which there is a deletion of part of the chromosomal material on one of the short arms of the 4-5 group resulting in severe mental and motor retardation, microcephaly, rounded facies, hypertelorism, and a typical cat-like cry; same as cry of the cat syndrome.

CRISIS INTERVENTION intervention during a crisis in a child's behavior.

CRISIS TEACHER a teacher who is trained in the process of intervening in crisis situations with a child.

CRITERION-REFERENCED TEST a test used to determine a child's level of achievement and to define specific criteria or goals for future development.

CROSS EDUCATION the positive transfer of a skill acquired by one part of the body to another part.

CROSSING THE MIDLINE the movement of one body part or the eyes across the midsection of the body without involving any other part of the body.

CROUZON'S DISEASE a syndrome characterized by acrocephaly, beak-shaped rose, hypoplastic maxilla, short upper and protruding lower lips, hypertelorism, exophthalmos, and external strabismus; same as craniofacial dysostosis.

CRY OF THE CAT SYNDROME chromosomal disorder in which there is a deletion of part of the chromosomal material on one of the short arms of the 4-5 group resulting in severe mental and motor retardation, microcephaly, rounded facies, hypertelorism, and a typical cat-like cry; same as cri-du-chat syndrome.

CRYPTOMNESIA a disorder characterized by a memory which appears to be hidden; habitual experiences are reacted to as if they were new.

CULTURAL DEPRIVATION a situation in which the environment surrounding an individual is markedly inappropriate for teaching skills needed for coping with the general environment.

CULTURAL DISADVANTAGE term used synonymously with cultural deprivation.

CULTURAL FAMILIAL RETARDATION condition of unknown etiology; presumably associated with family history of borderline intelligence or mild retardation and home environment which was either depriving or radically different from the general culture.

CULTURE-FREE tests which try to measure pure, innate intelligence independent of experience.

CUSTODIAL CARE 24-hour supervision (medical, social, physical, psychological) of a person usually provided by an institution with the purpose of maintaining the person's needs and condition rather than providing treatment.

CUSTODIAL RETAPDED traditionally used by educators to classify an individual whose IQ is below 25.

CYCLOTHYMIA a cyclic personality disorder.

CYSTIC FIBROSIS inherited disease characterized by chronic respiratory and digestive problems.

CYSTINOSIS (Lignac's Syndrome) metabolic syndrome with excessive storage of cystine crystals in the reticuloendothelial system and other body organs; transmitted as an autosomal recessive; infant appears normal at birth; after 6 months of life there is growth failure, weakness, dehydration, and possibly fever; few children live beyond 8 years of age.

CYTOMEGALIC INCLUSION DISEASE a systemic disease characterized by intranuclear and intracytomplasmic inclusion bodies which may involve any organ system; usually reflects involvement of the hematopoietic system, liver, and central nervous system; permanent cerebral damage is often present in infants who survive; same as cytomegalic inclusion encephalitis.

CYTOMEGALIC INCLUSION ENCEPHALITIS a systemic disease characterized by intranuclear and intracytomplasmic inclusion bodies which may involve any organ system; usually reflects involvement of the hematopoietic system, liver, and central nervous system; permanent cerebral damage is often present in infants who survive; same as cytomegalic inclusion disease.

D

DANDY-WALKER SYNDROME atresia of the foramen of magendie which may possibly result in progressive hydrocephalus in infancy.

DAY CARE PROGRAM extended care services provided on an on-going basis for individuals in the community who are not eligible for school programs or workshops.

DEANOL 100 a drug sometimes given to remedial readers.

DECIBEL unit of measure of the relative loudness of sound; from the faintest sound that can be heard to a sound that is painful; used in measuring the degree of hearing loss.

DEFECTIVE SYNTAX inability to put words together in an orderly manner and to express ideas in grammatically complete sentences.

DEFENSE MECHANISM a technique used by a person in an effort to reduce anxiety and tension.

DEFENSIVE BEHAVIOR a term used by Carl Rogers to define behavior that is traditionally labeled neurosis.

DEFICIT deficiency

DE LANGE'S SYNDROME consists of severe retardation, small physical stature, bushy, confluent eyebrows, up-turned nose, wide upper lip, hypertrichosis, and skeletal abnormalities.

DELINQUENCY violation of the code of the large social group.

DELINQUENT a child over the age of 10 years who is legally responsible for having broken the law.

DELTA WAVE electroencephlographic record of a neural firing which occurs in the cerebral cortex, which is sleep activity in the normal person but considered pathological when it occurs in a waking adult.

DEMENTIA referring to a general mental deterioration due to organic or emotional factors; obsolete term.

DEMENTIA PRAECOX any group of severe emotional disorders or psychotic reactions characterized by fundamental disturbances in reality relationships; i.e. withdrawn, bizarre or regressive behavior, inappropriate affect, ambivalence, misinterpretation and retreat from reality (delusions, or hallucinations.)

DEPENDENT MENTALLY RETARDED a mentally retarded individual who requires continuing supervision or care in his social, academic functioning, and daily living.

DEPRIVATION, ENVIRONMENTAL insufficient stimulation in the environment which may lead to cultural deprivation.

DEPRIVATION, SENSORY a condition in which one or more of the senses are so impaired and markedly reduced to restrict use of the sense.

DEPTH PERCEPTION that aspect of visual perception which deals with awareness of the distance between an object and its observer, and awareness of distance between the front and the back of an object; the ability to perceive the third dimension in a flat picture which is actually two dimensional.

DESCENDER the part of a word that falls below the base configuration of the word; in the word "day" the y is the descender.

DESTRUCTION OF INFORMATION (Federal Reg.) Destruction means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable. Personally identifiable information may be retained by public agencies permanently unless parents request that it be destroyed. Should a public school determine that information collected, maintained, or used is no longer needed to provide educational services to a child, the public school is to inform parents. Personally identifiable information must be destroyed at the request of the parents. However, a permanent record of a student's name, address, grade level completed, and year completed may be maintained without time limitation. Parents should be encouraged to consider the fact that records may be needed by the child or parents for Social Security benefits or other purposes.

DEVELOPMENTAL DISABILITY a disability attributable to mental retardation, cerebral palsy, epilepsy, or another neurological condition which originates in childhood and is likely to continue; constitutes a substantial handicap to the individual.

DEVELOPMENTAL READING method of teaching students to read to their capacity regardless of their age, grade, etc.

DEVIANT an individual who breaks rules.

DIABETES a hereditary or developmental problem with sugar metabolism caused by a failure of the pancreas to produce enough insulin.

DIABETES MELLITUS a common type of diabetes associated with carbohydrate metabolism and characterized by insulin deficiency and excessive amounts of glucose (sugar) in the urine and in the blood.

DIABETIC RETINOPATHY a condition resulting from interference of the blood supply to the retina; a fast-growing cause of blindness.

DIAGNOSIS a careful investigation of the facts in a situation with the purpose of determining what the difficulty is so that it can be remedied.

DIAGNOSTIC-PRESCRIPTIVE CENTER refers to facilities provided for handicapped children where their needs can be assessed and a plan of action established for their education.

DIAGNOSTIC-PRESCRIPTIVE TEACHING an educational strategy of delineating a child's strengths and weaknesses and then of designing a specific program for teaching on the basis of those findings.

DIAGNOSTIC SERVICES diagnostic services examine the causes and consequences of educational, medical, psychological, and social aspects of an individual and make recommendations for remediation when appropriate.

DIAGNOSTIC TESTS instruments designed to identify strengths and weaknesses in specific areas.

DIATHESIS an inherited predisposition.

DIATHESIS STRESS an inherited predisposition coupled with environmental stimulation.

DIFFERENTIAL REINFORCEMENT when a response is reinforced under one stimulus condition while extinguishing another or at least not reinforcing it.

DIFFERENTIATION the process through which the body progresses from making random, generalized and gross movements to more specific and more purposeful movements.

DIFFUSE CEREBRAL SCLEROSIS a demyelinating disease of the central nervous system which frequently occurs between ages five and ten years; manifestations begin abruptly; most frequent early signs are convulsions and disorders of gait, possibly followed by a progressive impairment of intellect, memory defects, blindness, and deafness; the disorder progresses steadily with death occurring in a few months to a few years after onset; also known as Schilder's diffuse sclerosis and encephalitis periaxialis diffusa.

DIGRAPH two letters which represent a single sound.

DIPHTHONG a blend of two vowels which seem to glide together without losing the identity of either vowel, such as ow in row.

DIPLEGIA bilateral paralysis affecting like parts on both sides of the body.

DIRECTIONALITY projecting of all directions from the body into space; the concept of laterality (awareness of left and right sides of the body) precedes directional concepts into external space; outward projection used to organize the external environment.

DIRECTIONAL ORIENTATION the awareness of left-right direction.

DIRECTOR OF SPECIAL EDUCATION the administrator of a special education program in a school district usually working directly under the superintendent.

DISCRIMINATION evaluating the degree of similarity or difference, as in auditory discrimination or the ability to identify sounds with respect to their likenesses or differences and visual discrimination which is the ability to discriminate between objects, forms, and/or letter symbols; the ability to differentiate essential from non-essential details.

DISCRIMINATION LEARNING learning evidenced by one's ability to discriminate between two stimuli and respond differently in the presence of the two stimuli and to do so reliably.

DISINHIBITION the process of opposing inhibition; a person's inability to refrain from response to what is perceived; may result in hyperactivity or distractibility.

DISORGANIZED BEHAVIOR a term used by Carl Rogers to designate behavior that is traditionally labeled psychosis.

DISSOCIATION inability to see things as a whole or as a gestalt; a tendency to respond to a stimulus in terms of parts or segments and difficulty combining the parts to form a whole.

DISTRACTIBILITY inability to fix attention on any subject; a symptom of mental functioning of a person with brain damage; similar to but different from a short attention span, which suggests an inability to concentrate on one thing for very long even without distractions; constantly distracted from one situation to another by stimuli that may involve any sense and can be either external or internal; tends to attend to minor details and inability to focus on major aspects.

DIVERGENT THINKING the ability to think inductively and to develop alternative answers.

DIZYGOTIC refers to twins who are not genetically identical which developed from two separate eggs.

DIZYGOTIC TWINS fraternal twins, coming from two separate ova in the mother at the same time.

DOMICILIARY CARE provision of living quarters for persons who need 24-hour care and supervision; includes personal care and other services as needed; sometimes refers to living components of a program and as appropriate to the developmental functional level of the individual.

DOMINANT GENES genes in the makeup of an individual which are paired with another gene and prevail over a recessive gene.

DOPPLER EFFECT the phenomenon of the pitch of a sound rising as the listener moves toward the source of that sound.

DOUBLE HEMIPLEGIA a condition in which both halves of the body are paralyzed, but the two sides are affected differently.

DOWN'S SYNDROME (Mongolism, Trisomy 21) syndrome in which the majority of affected individuals are trisomic for chromosome number 21; characterized by epicanthal folds, oblique palpebral fissures, broad bridge of the nose, protruding tongue, open mouth, square shaped ears, muscular hypotonia, varying degrees of mental retardation, and frequently congenital heart disease.

DRA Directed Reading Activity

DROOLING dripping or flowing of saliva from the mouth.

DUE PROCESS the process, defined in P.L. 94-142, of insuring that parents' and public agencies' rights and responsibilities are guaranteed in reference to a free, appropriate education.

DULL NORMAL INTELLIGENCE lower limits of average intellectual ability.

DYNAMIC PREHENSILE THEORY OF VISION theory which views the eyes as active receptors, similar to the hands, which reach out into the environment and abstract events occurring in time.

DYSACUSIS a condition of the inner ear that causes difficulties in understanding speech; hearing impairment which involves distortion of volume, pitch or both.

DYSARTHRIA a disorder in which central nervous system dysfunction has caused impaired control of the muscles used in articulation.

DYSBULIA a disorder in thinking and in attention

DYSCALCULIA partial inability to perform mathematical functions.

DYSDIADOCHOKINESIS lacking ability to perform repetitive movements such as tapping fingers.

DYSFUNCTION absence of complete normal function; differs from paralysis which involves the loss of function.

DYSGRAPHIA inability to write or to copy letters, words, and numbers; usually associated with a brain dysfunction which prevents a person from managing correct writing movements.

DYSKINESIA partial impairment of voluntary movement characterized by impaired motion resulting in incomplete movements, poor coordination, clumsy behavior, tremors, and rigidity.

DYSLALIA difficulty of speech articulation due to abnormality in the tongue or other organs of speech; not associated with central nervous system involvement.

DYSLEXIA partial inability to read or to understand what one reads either silently or aloud; usually associated with brain impairment or dysfunction; visual dyslexics rarely learn from a global word approach, but are sometimes able to learn sounds and put them together into words; auditory dyslexics can learn words as a whole but do not learn through phonics; sometimes referred to as genetic dyslexia.

DYSNOMIA inability to recall a word even though one knows the word he is trying to recall and recognizes it when said to him.

DYSPHASIA problems with speaking and writing due to mental dysfunction.

DYSPNEA a condition characterized by chronic difficulty in breathing.

DYSPRAXIA impairment of coordination or movement.

DYSRHYTHMIA abnormal fluency of speech which involves defective stress breath control and intonation.

E

ECHOLALIA a disorder in which a person echoes the speech sounds spoken by another person; believed to be an uncontrollable response characterized by repeating a meaningless word or sentence; frequently found in autistic children who parrot whatever they hear.

ECHOLOCATION DEVICE a device that emits high frequency sound waves which bounce off objects; used by the blind to inform them of the size (loudness of signal) and distance (pitch) of objects.

ECHOPHRASIA a disorder in which a person echoes the speech sounds spoken by another person; believed to be an uncontrollable response characterized by repeating a meaningless word or sentence; frequently found in autistic children who parrot whatever they hear.

ECHOPRAXIA a disorder in which a person automatically echoes or repeats the actions of another person; or compulsion to imitate movements or postures of others.

ECOLOGICAL APPROACH a position that stresses the interaction between a person and his environment; proponents of this position believe that labeling a handicapped child is harmful.

ECOLOGICAL THEORY emphasizes the interaction between an individual and the environment.

EDEMA presence of abnormal amounts of fluid in the intercellular tissue spaces of the body.

EDUCABLE RETARDED refers to mentally retarded children who are usually capable of learning functional academic skills; adult educable retarded usually maintain themselves independently or semi-independently in society.

EDUCATION preparation of persons for effective participation in society; a planned approach to facilitate sensory-motor, emotional, social, and intellectual development.

EDUCATIONAL DEFICIT a basic educational skills area in which a child is deficient and significantly deviates from his or her chronological age group or mental ability level.

EDUCATIONAL EXAMINER a person trained and certified by a state to administer and interpret psychological and educational tests.

EDUCATIONAL PSYCHOLOGIST a person whose training and interest involve the application of psychological principles to education.

EDUCATIONAL RETARDATION achievement, as measured by standardized tests, on one or more of the basic skill subjects, which is markedly below that expected for chronological age level.

EDUCATIONAL TEAM team designed to help individual children.

EDUCATION RECORDS those records which (1) are directly related to a student, and (2) are maintained by an educational agency or institution or by a party acting for the agency or institution. This term does not include records of instructional, supervisory, and administrative personnel ancillary thereto, which are in sole possession of the maker thereof and which are not accessible or revealed to any other person. In other words, the private notes and other materials, such as a teacher's daily record book or memory aids, would not be available to parents or students, provided they are not revealed to another person, other than in the case of a substitute.

EGO the conscious part of the mind which acts as the mediator between the id and the obstacles to its satisfaction; the controlling and integrating portion of the personality which is in contact with the external world.

EGOCENTRIC centering around the self.

EGOCENTRIC SPEECH as described by Piaget, a child's speech which reflects his limited point of view in contrast to the point of view of an adult; does not imply selfishness but is strongly tinged with anthropomorphic thinking.

EGO-IDEAL the part of the superego that comprises the aims and goals of the individual with emphasis on what he wants to be; usually based on value system formed in childhood through identification with or expectations of others.

EGO INVOLVEMENT commitment to a task so that success becomes vital to self-esteem.

EGO STRENGTH reflected in a person's response to problem situations; high ego strength is characterized by realistic, efficient, and well controlled coping with life's problems.

ELECTIVE MUTISM a selective refusal to speak, independent of intellectual endowment and/or neurological status.

ELECTRA COMPLEX the Oedipus complex as related to the female; the libidinal attachment or suppressed love that a daughter develops for her father, usually accompanied by a concommitant hostility toward her mother; occurs during the latter portion of the phallic stage.

ELECTROCARDIOGRAM a graphic picture of electrical charges caused by contraction of the heart muscles; signals of the brain's activity obtained from electrodes placed directly on the cortex.

ELECTROCONVULSIVE SHOCK THERAPY (EST) electro-therapy; shock treatment used for certain mental disorders.

ELECTRODERMAL AUDIOMETRY (EDA) a method of measurement using skin resistance in response to sound which is used in testing children who are difficult to test.

ELECTROENCEPHALOGRAM measurement of electrical activity of the brain used in the diagnosis of a central nervous system abnormality.

ELECTROENCEPHALOGRAPH instrument used to graphically record electrical currents developed in the cerebral cortex during brain functioning; abbreviated EEG.

ELECTROESTHESIOMETER an instrument used to measure a person's sensitivity to determining spatial thresholds.

ELICITED BEHAVIOR behavior which is brought out or drawn out purposely.

ELIGIBILITY in order to receive special education or related services it must be determined that a child's handicap has affected him or her educationally and that the child cannot reach their maximum potential without specially designed instruction. For example, a student may have a learning disability or a physical handicap but have no need for special education or related services because of having developed skills which allow them to by-pass their disability and to function at their expected level educationally.

EMBRYO the human organism from conception through the third month of pregnancy.

EMMETROPIA refractive condition of the eye when vision is normal or perfect.

EMOTIONAL BLOCKING inability to think or make appropriate responses due to excessive emotion.

EMOTIONAL DISINTEGRATION a breakdown in a person's ability to function emotionally.

EMOTIONAL FIRST AID ON THE SPOT the process of dealing with a crisis as quickly as possible to facilitate immediate return to reality.

EMOTIONAL LABILITY when a person tends toward recurrent emotional behavior characterized by sudden unexplainable shifts from one emotion to another.

EMPATHY the ability to relate or to take into oneself the feelings, sensations, or attitudes of another person or object.

ENCEPHALITIS inflammation of the brain which can affect the child's mental development adversely.

ENCEPHALITIS LETHARGICA infectious inflammation of the brain; sometimes referred to as sleeping sickness.

ENCEPHALITIS PERIAXIALIS DIFFUSA a demyelinating disease of the central nervous system which frequently occurs between ages five and ten years; manifestations begin abruptly; most frequent early signs are convulsions and disorders of gait, possibly followed by a progressive impairment of intellect, memory defects, blindness, and deafness; the disorder progresses steadily with death occurring in a few months to a few years after onset; also known as Schilder's Diffuse Sclerosis and Diffuse Cerebral Sclerosis.

ENCEPHALOMYELITIS a syndrome characterized by onset of neurological signs and symptoms which result from demyelinization in the central nervous system.

ENCEPHALON that which is in the head or the brain.

ENCEPHALOPATHY inflammation of the brain which can affect the child's mental development adversely; same as encephalitis.

ENCODING translation of symbols into a meaningful code; e.g. reading.

ENDOCRINE DEVELOPMENT the development of the endocrine glands, such as the thyroid, pituitary, and adrenal glands, which produce chemical substances that help to regulate body functioning.

ENDOCRINE GLANDS a ductless gland of internal secretion whose substance is absorbed by capillaries in the gland and passed directly into the blood or lymph stream, thereby influencing the nervous system, other glands and organs and eventually the total behavior of the organism.

ENDOGENOUS term used to refer to mental retardation caused by social or genetic factors.

ENDOGENOUS MENTAL RETARDATION significant impairment of intellectual functioning believed to be caused by developments within or originating internally in the central nervous system; obsolete term.

ENRICHMENT provision of additional experience for individuals who need more concentration on academic subjects or cultural activities than is typical.

ENURESIS involuntary discharge of urine during sleep.

ENVIRONMENTAL DEPRIVATION insufficient stimulation in the environment which may lead to cultural deprivation.

ENVIRONMENTAL PSYCHOLOGY the study of behavior as related to the environment.

EPICANTHIC FOLD congenital formation of the eyelid; a vertical fold of skin on either side of the nose.

EPILEPSY convulsive disorder characterized by periodic loss of consciousness, convulsive movements, or disturbances of feeling or behavior; episodes are associated with excessive neuronal discharges occurring diffusely or focally in the brain; may be caused by brain damage, brain injury or disease; seizures may be controlled by drugs and special diets; two types of seizures are (1) grand mal seizures, and (2) petit mal seizures.

EPILOIA syndrome which consists of adenoma sebaceum and mental retardation of varying degrees; may be automsomal or recessive type of inheritance; same as tuberous sclerosis.

EROTIC ZONES parts of the individual's body that are particularly sensitive to sexual feelings.

ERYTHROBLASTOSIS FETALIS an immune hemolytic disorder caused by passive transplacental transfer of a maternal antibody active against the fetus; hemolytic diseases of the newborn are due to Rh incompatibility and A or B incompatibility.

ESCAPE LEARNING negative reinforcement in which an acquired response tends to remove a person from the painful stimulus; becomes avoidance learning if conditioning to a cue leads to anticipation of punishment and the person avoids the punishing stimulus and has no need to escape.

ETIOLOGICAL DIAGNOSIS a diagnosis designed to uncover the causes or origins of the disorder.

ETIOLOGY study of causes or origins of a condition or disease.

EUSTACHIAN TUBE tube connecting the middle ear and the throat.

EVALUATION (Federal Reg.) before any action can be taken with respect to initial placement, a full and individual evaluation of the child's educational needs must be conducted. Procedures are used to determine whether a child is handicapped and the nature and extent of the special education and related services that a child needs. Tests and other evaluation materials must be (1) provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so; (2) validated for the specific purpose for which they are used; (3) administered by trained personnel, and (4) tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient. The child must be assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

EVOKED-RESPONSE AUDIOMETRY electroencephalograph measurement of changes in brain-wave activity in response to sounds.

EXAPHORIA insufficient action of certain muscles of the eye, causing one eye to deviate outward but which can be controlled by extra muscular effort.

EXCEPTIONAL CHILDREN term used to describe children who deviate significantly from the average in physique, intelligence, social behavior, sensory acuity, emotional development, or learning.

EXHIBITIONISM extravagant behavior designed to attract attention.

EXOGENOUS a term used to refer to mental retardation caused by brain damage.

EXOGENOUS MENTAL RETARDATION significant impairment of intellectual functioning assumed to be caused by development from without or originating external to the body.

EXPERIENCE CHART a teaching device which employs the pupil dictated story of an experience for the teaching of reading.

EXPERIMENTAL GROUP a group participating in an experiment that is subjected to whatever is being tested or evaluated.

EXPRESSIVE APHASIA inability to remember the pattern of movements needed to speak even though the person knows what he wants to say.

EXPRESSIVE LANGUAGE language directed to someone else, typically spoken language or writing, but may include gestures and motoric communication.

EXPRESSIVE LANGUAGE DISABILITIES problems associated with one's ability to express oneself verbally.

EXTENDED CARE prolonged or continued supervision, care, custody, protection, etc. of an individual.

EXTERNAL LOCUS OF CONTROL a personality characteristic in which the individual believes chance factors or people other than himself are responsible for personal successes and failures.

EXTERNAL OTITIS an infection of the skin of the external auditory canal.

EXTROVERSION a turning outward, in contrast to introversion or a turning inward.

EYE-HAND COORDINATION perceptual organization involving the eye and hand to reproduce manually; poor development of motor skills and left-right confusion could be a result of poor eye-hand coordination.

EYE-HAND COORDINATION SKILL skill consisting of the eyes steering the hand(s) accurately through the three coordinates of space, which are matched with the coordinates of the body and vision, for the purpose of manipulating tools or forming the symbols of language; dependent integration of the eyes and hands as paired learning tools.

EYE MOVEMENT SKILL consists of the ability to quickly and accurately align both eyes on an object, to maintain alignment on a moving object, and to release and move in a controlled manner to another object, providing a consistent visual input to be matched to other sensory inputs and the experiences of the organism; lack of ability in this area may manifest in head turning instead of eye movements, frequent loss of place on the page, confusion of left and right orientation, or omission of words and phrases.

EYE TEAMING provides speed and effectiveness in visual identification of printed details; accuracy and speed of "focusing" is dependent upon the degree of eye teaming; lack of eye teaming may manifest in seeing double, repetition of letters within words or words in the same sentence, omission of words or numbers, closing of one eye, extreme head tilt or working on one side of desk, poor orientation of writing or drawing on paper, postural deviation, excessive blinking, comprehension lower than apparent abilities, or extreme fatigue when working with any visual materials.

F

FACE VALIDITY refers to the fact that a thing appears to do what is claimed or expected to do.

FACING REALITY accepting conditions and objects in the world as they exist.

FAMILIAL occurring in members of the same family.

FAMILIAL MENTAL DEFICIENCY a type of retardation associated with a family history of borderline intelligence or mild retardation and poor accomplishments in society, academic retardation, poor work history; frequently found in combination with adverse postnatal environment, low birth weight, and premature deliveries.

FAMILY CARE a program and/or constellation of services provided by non-related persons through an agency to an individual reentering the community following residential care and treatment directed toward enabling the individual's reorientation, readjustment, and satisfactory functioning to total life experience in the community situations; also known as after-care, follow-up.

FAMILY RELATED refers to parents, sibling, divorced parents, grandparents, foster family, spouse, and legal guardians; family related programs include a broad range of services to an individual and his family both within and without the home provided by a variety of agencies and disciplines.

FAMILY THERAPY a method of therapy in which members of a patient's family discuss, clarify, and resolve their problems as a unit with a therapist.

FEEBLEMINDED used to describe individuals of limited intelligence.

FEEDBACK sensory or perceptual report of the result of a somatic, social or cognitive behavior.

FEES (Federal Reg.) an agency may charge a fee for copies of records if the fee does not effectively prevent the parents from exercising their right to inspect and review those records. An agency may not charge a fee to search for or to retrieve information.

FERAL CHILD refers to a wild child or human raised by animals.

FETUS the unborn child from the third month of pregnancy until birth.

FIELD-CULTURAL the impact of cultural forces in relation to the environmental setting.

FIGURE-GROUND DISTURBANCE inability to discriminate a figure from its background.

FIGURE-GROUND EFFECT tendency of one part of a perceptual configuration to stand out distinctly against its background.

FINE MOTOR DEVELOPMENT development and refinement of the small muscles in the extremities of the body such as finger movements and eye-hand coordination.

FINGER AGNOSIA inability to recognize or identify the individual fingers of one's own hand when stimulated by touch.

FINGERSPELLING a spelling-out of the English alphabet by various finger positions on one hand; used in deaf education.

FIXATION halting of psychosexual maturation at a particular point in development.

FIXATION (READING) pause of the eye in reading.

FIXED INTERVAL SCHEDULE an operant conditioning technique requiring the passage of a constant pre-determined fixed time interval.

FIXED RATIO SCHEDULE an operant conditioning technique in which a response is reinforced only after a pre-determined fixed number of correct responses have occurred since the preceding reinforcement.

FLASHMETER a device for timed and rapid exposure of items.

FOCAL SEIZURE partial seizure involving a discharge in a fairly circumscribed part of the brain causing a limited motor or sensory effect; a Jacksonian seizure is a type of focal seizure in which there is rhythmic twitching of one part of the body which may spread to involve other parts or the entire body.

FOLLOW ALONG the establishment and maintenance of a life-long relationship with individuals and their families for the purpose of assuring that anticipated changes in needs and/or needs arising from crises are recognized and appropriately met.

FORM PERCEPTION perceiving an arrangement or pattern of elements or parts constituting a unitary whole, in which the elements are in specific relationships with one another.

FOSTER CARE community services provided as in a family through an agency to an individual requiring at least residential care and supervision when it is impractical or impossible for the individual to live independently or with his natural family; can be more broadly interpreted as supervised community semi-independent living.

FOVIA CENTRALIS the area on the retina which has the greatest acuity.

FREE APPROPRIATE EDUCATION (Federal Reg.) a free appropriate public education for handicapped children must include special education and related services to meet the unique needs of the child, as defined in an individualized education program. This must be provided at public expense, under public supervision and direction, and without charge to parents.

FRIEDREICH'S ATAXIA disorder transmitted as an autosomal recessive gene which affects males and females equally; age of onset is between 7 and 10 years with manifestations of stumbling, ataxia, loss of position sense, kyphoscoliosis, pes cavus, extensor plantar responses and occasional electrocardiographic changes; is progressive and death usually occurs by 30 years of age; also known as hereditary spinocerebellar ataxia.

FRÖLICH'S SYNDROME a condition resulting in obesity, understature and failure of sexual development as a result of some pituitary hypothalamic dysfunction; term should be limited to children with these difficulties and other clinical manifestations such as headaches, vomiting, loss of vision.

FRUSTRATION refers to perception of an interference with the satisfaction of a need or drive.

FRUSTRATION LEVEL a degree of task difficulty.

FUNCTIONAL non-organic; without apparent structural or organic cause.

G

GALACTOSEMIA abnormal elevation of the concentration of the carbohydrate, galactose, in the blood; the disorder is serious, leading to death in infancy or mental retardation in those who survive.

GARGOYLISM a disorder of mucopolysaccharide metabolism frequently characterized by broad bridge of the nose, open mouth with protruding large tongue, thickened lips, corneal clouding, and coarse facial features; hepatomegaly, hypertrichosis, and mental retardation are present; transmitted as an autosomal recessive.

GENE essential unit responsible for the transmission of hereditary characteristics; arranged at specific locations in the chromosomes within each cell and capable of reproduction and mutation.

GENERAL INTELLIGENCE a basic factor or trait of the intellect which is believed by some to operate in all situations demanding intelligence and which accounts for a positive relationship between different kinds of tests of abilities and achievement.

GENERALIZATION the process of responding to a new stimulus in a way similar to a familiar one based on principles of conditioning which state that once a conditioned response has been established similar stimuli may evoke the same response; the greater the similarity of the stimuli, the greater the generalization of response.

GENERALIZED MOVEMENT movement that sweeps through the whole body; arms and legs move, not in relation to their function, but only as adjuncts of the total movement.

GENERIC SERVICE SYSTEM a term describing services in the areas of health, education, social service, rehabilitation employment, legal services, and housing to persons who are, generally speaking, not considered physically or mentally handicapped.

GENETIC COUNSELING the process of studying the inherited characteristics of an individual and providing advice concerning marriage and child bearing.

GENETICS biological study of heredity.

GENITAL STAGE that stage of psychosexual development from adolescence on in which a person achieves a mature pattern of traits characterized by realism in coping with problems and directed toward constructive goals including a mature sexual relationship.

GENIUS a word used to describe a natural aptitude or capacity of intellect; extraordinarily high intelligence.

GENOTYPE genetic characteristics inherited by an individual or group as contrasted with acquired characteristics (phenotype); individuals may have same genotype but different phenotypes due to environmental influences or the same phenotypes but different genotypes.

GERSTMANN'S SYNDROME a condition describing a combination of disabilities including finger agnosia, right-left disorientation, acalculia, and agraphia.

GESELL DEVELOPMENTAL SCHEDULE qualitative measurements in the form of normative tables of motor development, adaptive behavior, language development, and personal-social behavior used for the study of sensory-motor growth of the preschool child.

GESTALT a term used to express an object of perception that cannot be expressed in terms of its parts but only as an integrated, organized whole or unit since each part depends on its relationship to the whole.

GIFTEDNESS refers to cognitive superiority, creativity, and motivation in combination and of sufficient magnitude to set the child apart from the majority of children of the same age.

GLAUCOMA a condition in which there is excessive pressure in the eyeball; cause unknown; if untreated, blindness results.

GLOBAL perceived as a whole without distinguishing separate parts or functions.

GLOBOID CELL LEUCODYSTROPHY a rapidly progressing degenerative disorder of the cerebral white matter occurring in infancy with autosomal inheritance; infants seem normal at birth, with symptoms appearing during the first months of life, consisting of stiffness of the lower extremities, feeding difficulties; death usually occurs before end of first year; also known as Krabbe's diffuse sclerosis.

GNOSIA the faculty of perceiving and knowing.

GONORRHEA an infectious disease of the genitourinary tract, transmitted chiefly by sexual intercourse.

GRAMMAR a study of the preferred or prescribed features and fundamental rules of language.

GRAMMAR CLOSURE the ability to predict future linguistic events or to predict what will be said based on past experience.

GRAND MAL an epileptiform seizure in which there are severe convulsions and loss of consciousness.

GRAND MAL EPILEPSY a condition with seizures characterized by generalized tonic and/or clonic movements of the extremities associated with loss of consciousness.

GRAND MAL SEIZURE a motor seizure in which the individual loses consciousness, falls, and undergoes a period of muscle rigidity followed by involuntary muscle contractions.

GRIDIRON EFFECT an arrangement of letters in a word whereby they all have the same slant.

GROSS MOTOR ACTIVITY an activity in which groups of large muscles are used and the factors of rhythm and balance are primary.

GROUP LIVING a situation in which a number of individuals live together, providing mutual communication, interaction, stimulation, and social support.

GROUP THERAPY treatment of psycho/social problems using the interacting forces within a small unit of individuals who may have similar or differing characteristics; provides reality testing, enabling individuals in the group to recognize that his or her problems are not unique; group members are less likely to become dependent upon the therapists as so frequently happens in individual therapy; is closely allied with play therapy when used with children.

H

HALFWAY HOUSE a facility designed primarily to provide a bridge between a residential facility or foster home and the community; offers living arrangements for the retarded person who has demonstrated a certain amount of independence, but may eventually move into dependent living; residents may work in the community, care for themselves and their quarters, but are assisted in budgeting money and offered personalized supervision and counseling as the need arises.

HAND-EYE COORDINATION the ability of an individual to use hands and eyes simultaneously when performing a task.

HANDICAPPED (Federal Reg.) those children who have been evaluated mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped or as having specific learning disabilities, who because of those impairments need special education and related services.

HANDICAPPING CONDITIONS (Federal Reg.) "handicapped children" means those children evaluated in accordance with Sec. 121a.530-121a.534 as being mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped, or as having specific learning disabilities, who because of those impairments need special education and related services; the terms used in this definition are defined as follows:

(1) "Deaf" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

(2) "Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.

(3) "Hard of hearing" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.

(4) "Mentally retarded" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

(5) "Multi-handicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children.

(6) "Orthopedically impaired" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g. clubfoot, absence of some member, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns which cause contractures.)

(7) "Other health impaired" means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

(8) "Seriously emotionally disturbed" is defined as follows:
(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
(A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
(C) Inappropriate types of behavior or feelings under normal circumstances;
(D) A general pervasive mood of unhappiness or depression; or
(E) A tendency to develop physical symptoms or fears associated with personal or school problems.
(ii) The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

(9) "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage.

(10) "Speech impaired" means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance.

(11) "Visually handicapped" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

(20 U.S.C. 1401(1), (15).)

HANDICAPPED PERSON a person who because of physical, intellectual, or emotional impairment, is significantly hindered from learning, working, playing, adapting to the expectations or demands of society, or doing the things other individuals of his or her age can do.

HAPTIC refers to the sense of touch and kinesthesis; tactile.

HEBEPHILIA pathological disorder characterized by an adult who loves a youth or comparatively young person; such adults are usually aggressive, impulsive, and schizoid.

HEMIOPIA condition where an individual has only one half of the field of vision in one or both eyes.

HEMIOPIC affecting one eye.

HEMIPARESTHESIA perverted sensation on one side of the body.

HEMIPLEGIA total paralysis on one side of the body; due to a lesion of the hypoglossal nerve on the side of the body opposite the paralyzed part.

HEMISPHERICAL DOMINANCE refers to the fact that one hemisphere of the brain generally leads the other in control of body movements.

HEMOLYTIC DISEASE OF THE NEWBORN an immune hemolytic disorder caused by passive transplacental transfer of a maternal antibody active against the fetus; hemolytic diseases of the newborn are due to Rh incompatibility and A or B incompatibility; also known as erythroblastosis felalis.

HEMOPHILIA a rare disorder of the blood which occurs almost exclusively in males and is transmitted through a recessive gene carried by the mother.

HEPATOLECTICULAR DEGENERATION a hereditary, progressive often fatal disorder characterized by slowly progressing live disease and/or by dysfunction of the lenticular nucleus in the brain; also known as Wilson's disease.

HEREDITARY SPINOCEREBELLAR ATAXIA a disorder transmitted as an autosomal recessive gene which affects males and females equally; age of onset is between 7 and 10 years with manifestations of stumbling, ataxia, loss of position sense, kyphoscoliosis, pes cavus, extensor plantar responses and occasional electrocardiographic changes; is progressive and death usually occurs by 30 years of age; also known as Friedreich's ataxia.

HERPES SIMPLEX venereal disease that can cause cold sores or fever blisters; if it affects the genitals and is contracted by a woman who is pregnant and in the later stages of fetal development, it can cause mental subnormality in the child.

HERTZ (HZ) UNIT a measurement of the frequency of sound; highness or lowness of a sound

HETEROGENEOUS GROUPING placement of children in groups without regard to achieving homogeniety.

HETEROSEXUAL preference for the opposite sex in relationship to love and sexual attraction.

HIGH PROBABILITY BEHAVIORS behaviors that an individual frequently chooses to do and which can be used as natural reinforcers for low probability behaviors.

HISTIDINEMIA an abnormal level of histidine in blood due to deficiency of enzyme histidase; affected persons may have impaired speech, retarded growth and mental retardation; the metabolic defect is transmitted as an autosomal recessive trait.

HOLOPHRASTIC SPEECH use of a single word to replace an entire phrase or sentence.

HOMOGENEOUS GROUPING the placing of children in groups who have the same characteristics.

HOMOLATERAL occurring on the same side as in the body.

HOMOPHENES refers to sounds that are identical in terms of revealing movements; visible articulatory patterns.

HOMOSEXUAL refers to same sex; preference for members of the same sex as potential sex objects, as opposed to heterosexual.

HOOVER CANE a device frequently recommended as a mobility aid for the blind; a long cane that is swept in an arc in front of the person to detect changes in the terrain.

HOSPITAL AND HOMEBOUND INSTRUCTION a service which provides for the educational needs of handicapped children who are unable to attend the regular school because of their handicapping problem.

HOUSEPARENT a person employed to provide supervision and guidance to children, adolescents, and/or adults in a residential setting, such as an institution, group home, or halfway house.

HUMANISTIC PSYCHOLOGIST a psychologist who adds parts of social theory to psychological models.

HURLER'S SYNDROME a disorder of mucopolysaccharide metabolism frequently characterized by broad bridge of the nose, open mouth with protruding large tongue, thickened lips, corneal clouding, and coarse facial features; hepatomegaly, hypertrichosis, and mental retardation are present; transmitted as an autosomal recessive; same as mucopolysaccharidosis.

HYDROCEPHALUS condition involving the enlargement of the head due to excessive pressure of the cerebrospinal fluid; may cause mental retardation.

HYPERACTIVE excessively active.

HYPERACTIVE BEHAVIOR excessive movement, restlessness, and inattention.

HYPERACTIVITY excessive movement, restlessness, and inattention.

HYPERKINESIA a behavioral disorder characterized by an abnormal amount of uncontrolled muscular action.

HYPERKINESIS a disorder characterized by excessive movement, restlessness, inattention, talkativeness, and a tendency to disruption of the environment; more common to boys than girls; believed to be associated with damage or disease to the basal ganglia or a faulty reticular activating system which controls motor behavior; changeable in that the disorder comes and goes in some persons; sometimes treated with drugs which is helpful in some cases.

HYFEROPIA a disorder of the eyes in which the image is focused behind the retina due to an error in refraction.

HYPERTELORISM an abnormally large distance between the eyes and an apparent broadening of the root of the nose; often associated with severe mental retardation.

HYPERTONIA excessive muscle tone.

HYPERTONICITY excessive tension in a muscle not at work.

HYPERTROPHY a general increase in bulk of a part or organ which is not associated with tumor formation.

HYPOACTIVE showing diminished motor function or physical activity.

HYPOGLYCEMIA a disorder characterized by abnormally low blood sugar.

HYPOKINESIS abnormally diminished motor function.

HYPORESPONSIVE slow to respond.

HYPOXIA a deficiency in the amount of oxygen reaching the tissues of the body.

HYSTERIA a psychoneurosis frequently characterized by emotional instability, partial loss of memory, paralysis, [illegible] seizures.

I

ID process within the human psyche that governs the pleasure principle; the inherited system of instinctual energy that supplies power for the entire personality; most primitive aspect of the mind which seeks gratification of its impulses.

IDENTIFICATION process of becoming emotionally attached to significant others through imitation; involves the absorption of the parents role by the child; a defense mechanism by which a person identifies with some other usually successful person or group for the purpose of enhancing his self-esteem and thereby reducing anxiety.

IDIOGLOSSIA known as "invented language," caused by the omission, substitution, distortion, and transposition of speech sounds; same as idiolalia.

IDIOLALIA known as "invented language," caused by the omission, substitution, distortion, and transposition of speech sounds; same as idioglossia.

IDIOPATHIC of unknown origin or cause; as a disease.

IDIOPATHIC EPILEPSY epilepsy for which the cause is unknown.

IDIOSYNCRASY trait peculiar to an individual.

IDIOT archaic term formerly used to describe the intelligence level of persons obtaining I.Q. scores below 25 or 30.

IDIOT SAVANT describes a person of low general intelligence who possesses an extremely high skill in some special tasks like mental arithmetic, remembering dates or numbers, or in performing other rote tasks at a remarkably high level.

IEP abbreviation for individualized education program; written record of decisions reached by a committee of school personnel and parents concerned with the education of a particular handicapped child.

IEP MEETING OR CONFERENCE the IEP meeting serves as a communication vehicle between parents and school personnel, and enables them as equal participants to jointly decide what the child's needs are, what services will be provided to meet those needs, and what the anticipated outcomes may be.

ILLITERACY the inability to read and/or write well enough for practical use in the absence of structural or physiological sensory defect.

IMBECILE obsolete term formerly used to describe the intelligence level of persons obtaining I.Q. scores ranging from 25 or 30 to 50.

IMPARTIAL DUE PROCESS HEARING a parent or a public school district may initiate a hearing when agreement cannot be reached concerning referral and/or placement. The hearing must be conducted by the State educational agency or the public agency directly responsible for the education of the child, as determined under State statutes, State regulations, or a written policy of the State educational agency.

IMPERCEPTION refers to inability to interpret sensory information correctly; cognitive impairment rather than impairment of a sensory organ.

IMPULSIVENESS refers to tendency to act on impulse; response without thought; associated with explosive behavior where learning disorders exist.

IMPULSIVITY tendency to respond quickly without carefully considering the alternatives; responding without thought.

INBORN ERRORS OF METABOLISM deviations from normal metabolic processes dependent upon abnormal amounts of enzymes which are dependent upon genetic abnormalities; examples of inborn errors of metabolism with associated mental retardation are phenylketonuria and galactosemia.

INCIDENCE range of occurrence of a condition or disease.

INCUS the middle of the three ossicles or small bones in the middle ear which transmits sound to the inner ear; also called anvil.

INDEPENDENT FUNCTIONING the ability of the individual to accomplish tasks or activities demanded of him or her by the general community in terms of survival demands for the community and typical expectations for specific age groups.

INDIVIDUALITY that which differentiates persons.

INDIVIDUALIZED EDUCATION PROGRAM the IEP is a written record of decisions reached at an IEP meeting where school personnel and parents have determined a child's needs, what services will be provided to meet those needs, and what the anticipated outcomes may be. The IEP sets forth in writing a commitment of resources necessary to enable a handicapped child to receive needed special education and related services. It is a management tool used to insure that each handicapped child is provided special education and related services appropriate to their learning needs. The IEP as a document may be used to determine whether a handicapped child is actually receiving the free, appropriate public education agreed to by the parents and the school and serves as an evaluation device for use in determining the extent of the child's progress toward meeting the projected outcomes. The Act does not require that the teacher or other school personnel be held accountable if a child does not achieve the goals and objectives set forth in the IEP.

INFANTILE demonstrating infant characteristics or traits.

INFANTILE AUTISM inability of an infant to develop relationships with people or things outside himself.

INFERENTIAL REASONING the act of obtaining a judgment or logical conclusion from given data or premises; implies judgments formed on the basis of cognition or belief not explicitly recognized; transposition of previously learned knowledge to new situations or cognitive restructuring and integration of prior and current experience to fit the demands of an objective.

INFERIORITY FEELING characterized by lack of confidence, feelings of unworthiness and inadequacy.

INFORMAL READING INVENTORY (IRI) in education an instrument made up of sequentially graded reading paragraphs, with accompanying questions designed to appraise a child's level of reading competence in a particular area.

INFORMATION AND REFERRAL SERVICE provision of a system of services which identifies existing resources and working relationships among them; are established within a community for the purposes of assisting individuals and families to locate, obtain, and make proper use of needed services.

INFORMED CONSENT (Federal Reg.) parental consent must be obtained by public schools to assure that (1) the parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication; (2) the parent understands that the granting of consent is voluntary on the part of the parents and may be revoked at any time.

INHERITANCE PATTERN autosomal dominant inheritance - a single abnormal gene in the individual heterozygous results in clinical manifestations; trait will be found in one parent (of either sex) and in half the sons and half the daughters of an affected individual: autosomal recessive inheritance - both genes must be abnormal for clinical manifestations; only the homozygote is symptomatic; parents generally normal; one-fourth of the offspring inherit the abnormal genetic factor from each parent and are affected; one-half are heterozygotes like parents, and one-fourth are normal; X-linked inheritance - traits determined by genes carried on the X chromosome; may be recessive or dominant in the female; in the male who has only one X chromosome the trait will always be expressed.

INNER-DIRECTEDNESS a characteristic of one's personality which leads one to rely on his own resources to solve problems; analogous to internal locus of control.

INSIGHT THERAPY behavior change based on therapist directing client toward becoming aware of the underlying reasons for inappropriate behavior; it is assumed that the person will make adaptive changes in their behavior when aware of underlying causes of behavior.

INSTITUTION a public or private facility which provides professional services usually on a 24-hour residential basis including those directed toward the care, treatment, habilitation, and rehabilitation of the mentally retarded and has been traditionally separated from the general population.

INSTITUTIONALIZED the process of a person's internalizing routine and regulated activities commonly found within a residential facility until he or she functions as if by rote without making independent choices or decisions; the state or condition of having been placed in an institution.

INSTITUTIONALIZED PERSONALITY personality type of person who has been institutionalized for a long period of time and consequently develops mannerisms and ways of relating to the environment that are noticeably different from the average person.

INSTRUCTIONAL LEVEL the level at which a child can be taught or instructed.

INSULIN protein hormone which is produced by the pancreas and secreted into the blood; regulates carbohydrate (sugar) metabolism.

INTEGRATION pulling together and organizing stimuli experienced by an organism at a given moment, and relating the present stimulation with experience variables retained from past activities.

INTELLIGENCE QUOTIENT (IQ) a number expressing the relative level of intelligence of a person; originally determined by a person's mental age (as shown by intelligence tests), multiplied by 100 and divided by the person's chronological age; currently standardized individual intelligence tests present IQ in terms of standard scores which provide comparisons with the tested individual's chronological age peers.

INTERFIXATION movement of the eyes from one fixation point to another during the process of reading.

INTERINDIVIDUAL a term used in the comparison of one person with another or of one person with a group of individuals.

INTERMITTENT REINFORCEMENT scheduling reinforcers at intervals in contrast to reinforcing every occurrence of a behavior.

INTERNAL LOCUS OF CONTROL personality characteristic in which the individual sees himself or herself as responsible for his or her own successes and failures; same as inner-directedness.

INTERVAL REINFORCEMENT scheduling reinforcers to time intervals, such as one reinforcer for every five minutes of time.

INTONATION rise and fall in pitch of the voice.

INTRAINDIVIDUAL a term used in a comparison of different characteristics within an individual.

INTRAPSYCHIC CONFLICTS conflicts within the individual which arise from desires and demands of the various impulses and drives.

INTROVERSION turning inward; in contrast to extroversion or turning outward.

IN UTERO in the uterus; period from conception until birth.

IPSILATERAL occurring on the same side; analogous to homolateral.

IQ (Intelligence Quotient) measure of intellectual functioning.

IRIS colored portion of the eye.

ISO STANDARD the International Standard Organization's guidelines of the average hearing levels in which slight hearing loss is considered to be from 27 to 40 dB loss; mild 41 to 55 dB loss; marked 56 to 70 dB loss; severe 71 to 90 dB loss; and extreme 91 dB or more loss.

ITINERANT TEACHER goes from school to school.

J

JACKSONIAN EPILEPSY describes a form of epilepsy in which the seizure is confined to a small group of muscles but which may progress to larger areas of the body; seizures usually occur without the loss of consciousness.

JAEGER CHART used to determine visual competence and the type of reading materials which can be used for the person with a visual disability.

JAUNDICE a condition characterized by yellowish pigmentation of the skin, tissues, and body fluids; caused by too great an amount of pigment in the bile secreted by the liver.

JUVENILE AMAUROTIC FAMILIAL IDIOCY a form of cerebral lipidosis which occurs in late infancy and is characterized by cerebellar atrophy as defined by Bielschowsky; more frequent form occurs in late childhood with retinitis pigmentosa and dementia; rare cases begin in adolescence or young adulthood and extend into maturity.

K

KARYOTYPING chromosome makeup of an individual; usually in form of a systematized array of metaphase chromosomes of a single cell nucleus arranged in pairs in descending order of size and according to the position of the centromere.

KERATITIS inflammation of the transparent anterior part of the external coat of the eye covering the iris and the pupil.

KERNICTERUS staining of the nuclear masses of the brain and brain stem by bilirubin pigments; caused by abnormally high levels of bilirubin in the blood, as occurs in hemolytic disease of the newborn.

KINESTHESIS sensation or feeling of bodily movements as perceived through the muscles, tendons, and joints.

KINESTHETIC METHOD method of incorporating muscle movement to supplement visual and auditory stimuli when teaching reading by having pupils trace the outline of words and numbers or by using techniques which involve muscle movement; frequently used to treat reading disabilities.

KRABBE'S DIFFUSE SCLEROSIS a rapidly progressive degenerative disorder of the cerebral white matter occurring in infancy with autosomal inheritance; infants seem normal at birth, with symptoms appearing during the first months of life consisting of stiffness of the lower extremities, feeding difficulties, and spells of incessant screaming; death usually occurs before the end of the first year; also known as globoid cell leucodystrophy.

KUHLMANN-BINET a revision of the Binet Test of intelligence which can be given to ages as low as four months.

KWASHIORKOR clinical syndrome which results from a deficiency of protein with adequate or near adequate caloric intake; occurs in children from 4 months to 5 years of age; edema, diarrhea, dermatitis, hepatomegaly, and depigmentation are common manifestations.

L

LABELING THEORY theory which states that labeling is a powerful inducement toward deviance or conformity in children.

LANGUAGE DISORDER occurs when there is a lag in the ability to understand and express ideas or when linguistic skills lag behind an individual's development in other areas, such as in cognitive, motor, or social development.

LARYNX the part of the throat which contains the vocal apparatus; vocal cords.

LATENCY STAGE stage of psychosexual development which begins at approximately 6 or 7 years of age and continues up to adolescence, at which time there is a slowing up of or resting from active psychosexual development.

LATERALITY one's awareness of the two sides of the body and the ability to identify left and right.

LAURENCE-MOON-BIEDL-BARDET SYNDROME syndrome characterized by mental retardation, obesity, hypogenitalism, polydactyly and retinitis pigmentosa; believed to be transmitted by autosomal recessive inheritance.

LEAD POISONING (Plumbism) residual effects of the toxic action of lead on the central nervous system.

LEARNING EXPECTANCY LEVEL Kaluger and Kolson (1969) have developed a formula which can be used to determine learning expectancy. It is predicated on the assumption that there is a difference of five years between grade placement and the age of an average child. For instance, there are 5 years between grade 12 and age 17. When using this formula, use the child's chronological age (C.A.) in years and months, as follows:

I.Q. x C.A. = M.A. - 5 = learning expectancy level

Multiply I.Q. times the chronological age (ex. 8 yrs. 3 mos. = 8.25; see table below. Use a decimal before last two numbers. Next, subtract 5. The answer is Learning Expectancy Level, or the grade level at which the child should be achieving. The greater the difference between the L.E.L. and the C.A., the more likely that extenuating circumstances could affect the reading level; for example:

I.Q. x C.A. (yrs.) = M.A. (yrs.) - 5 = L.E.L.
0.93 x 8.25 = 7.7 - 5 = grade 2.7
0.95 x 9.25 = 8.8 - 5 = grade 3.8

CONVERSION OF MONTHS TO PERCENTAGES OF A YEAR

11 months = 0.91
10 months = 0.83
9 months = 0.75
8 months = 0.67
7 months = 0.58
6 months = 0.50
5 months = 0.42
4 months = 0.33
3 months = 0.25
2 months = 0.17
1 month = 0.08

LEARNING THEORY a system of beliefs which address what causes learning to take place and by what process it takes place.

LEAST RESTRICTIVE ENVIRONMENT (Federal Reg.) each public agency shall insure that to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children occur only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

LEFT-TO-RIGHT PROGRESSION refers to one's ability to recognize and follow the letter or word sequences from left to right; can be disturbed if laterality has not been established.

LEGG-CALVE-PERTHES DISEASE a disease which usually occurs in children ages 3 to 11, which involves a flattening of the head of the femur or hip bone; includes destruction of bone tissue, pain, muscular spasm, or limping.

L.E.L. stands for learning expectancy level which is derived by subtracting 5 from the mental age.

LENS a structure that refines the focus of light rays passing through the eye.

LESION an injury or wound; any abnormal structural change in the body resulting from injury or disease.

LEUKEMIA a disease of the blood characterized by an excessive number of white blood cells in the blood and the presence of immature cells; often accompanied by severe anemia.

LEUKODYSTROPHY disorders of the cerebral white matter; possible progressive paralytic dementias of early life as a result of a hereditary defect in the composition of myelin or an acquired diffuse destructive process of cerebral white matter.

LEVEL OF ASPIRATION standard of goals or objectives desired.

LIBIDO instinctual energies and desires supplied by the id; this energy is sexual, fluid, and displaceable.

LIFE SPACE INTERVIEW a cathartic technique used in crisis intervention; teacher talks through with the child the crisis and problem at the time it occurs.

LIFE SUPPORT CARE care needed by some profoundly retarded individuals with major medical problems.

LIGNAC'S SYNDROME metabolic syndrome with excessive storage of cystine crystals in the reticuloendothelial system and other body organs; transmitted as an autosomal recessive; infant appears normal at birth; after 6 months of life there is growth failure, weakness, dehydration, and possibly fever; few children live beyond 8 years of age; same as cystinosis.

LINGUISTIC pertaining to language.

LINGUISTIC FORM a meaningful unit of speech

LINGUISTICS the science of language which includes phonetics, phonology, morphology, and syntax.

LIPIDOSIS (cerebral) inborn or acquired disorders of lipid metabolism which affect the brain.

LIVELY EFFECT found in an order of letters in a word when the arrangement of letters seems to flow.

LOW PROBABILITY BEHAVIORS behaviors that tend to disappear if not reinforced.

M

MACROCEPHALY describes an abnormal condition characterized by enlargement of the head.

MACRON diacritical mark indicating a long vowel sound.

MAINSTREAMING an educational term used to describe the act of providing experiences for the handicapped in a normal educational setting.

MALADAPTIVE inability to adjust to the environment.

MALFORMATION any congenital irregularity or irregular development in the formation of parts in an organism; occurs prenatally.

MALLEUS the largest and outermost of the three small bones in the middle ear; carries sound to the inner ear.

MALNUTRITION condition caused by inadequate nutrition.

MALOCCLUSION abnormality in the coming together of the teeth; underbite or overbite.

MANNERISM automatic oddity of behavior.

MANUAL EXPRESSION ability to express ideas with meaningful gestures; measured by subject's responses to a picture of an object by showing the examiner what should be done with the object.

MASTOIDECTOMY a procedure for surgical removal of the mastoid cells surrounding the temporal bone.

MATERNAL DEPRIVATION a situation in which the infant receives insufficient or inappropriate stimulation or care.

MATURATION normal growth and development.

MATURATIONAL LAG unusually slow differentiation or irregularity in the development of a particular area of the brain and of personality without a structural defect, deficiency, or loss; in contrast to more common developmental patterns.

MAXILLA the irregularly shaped bone that forms the upper jaw.

MEASURED INTELLIGENCE the capacity to perceive and understand relationships as measured by a standardized general intelligence test.

MEDIATION to attach a verbal label to something so that it can be more easily remembered.

MEDICAL MODEL a method of approaching questions or problems based on physical causes.

MEGAVITAMIN THERAPY a treatment program that prescribes heavy dosage of selected vitamins to modify behavioral and emotional disturbances in individuals.

MEMORY SPAN the number of related or unrelated items an individual can recall immediately after presentation.

MENINGITIS inflammation of the meninges; cerebral meningitis may be caused by trauma, tuberculosis, or inflammation from neighboring structures; spinal meningitis is an inflammation of the membranes of the brain and spinal cord.

MENINGOCELE a saclike mass covered by skin containing an inner layer of meninges linked with the meninges lining the subarachnoid space; when the mass contains meninges and neural elements of spinal cord or nerve roots, it is classified as a meningomyelocele.

MENINGOMYELOCELE a saclike mass covered by skin containing meninges and neural elements of spinal cord or nerve roots.

MENTAL AGE describes the level of measured mental ability of an individual; generally determined by an intelligence test.

MENTAL DEFICIENCY used as a synonym for feeblemindedness or weakmindedness.

MENTAL HEALTH PROFESSIONALS professionals who help individuals integrate themselves satisfactorily intrapersonally and interpersonally.

MENTAL HYGIENE prevention of mental problems based on techniques designed to preserve mental health.

MENTALLY ILL general term that describes emotional problems with varying diagnosis.

MENTALLY RETARDED describes a person who has subnormal mental development and adaptive behavior.

MENTAL RETARDATION significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period; see mild mental retardation, moderate mental retardation, severe mental retardation, profound mental retardation.

METABOLIC DISEASE affects, interrupts, or interferes with normal metabolic processes and causes illness.

METABOLISM the conversion of digested nutrients into building materials for living tissue and energy to meet the needs of the body.

METICULOSITY being rigidly precise, orderly and neat.

MICROCEPHALUS a condition causing the head to be small with a sloping forehead; proper development of the brain is prevented, usually with resulting mental retardation.

MICROCEPHALY hypoplasia of the cerebrum resulting in development of a small head; primary microcephaly may be transmitted in an autosomal recessive gene; secondary microcephaly may result from exogenous lesions due to prenatal infections, trauma such as X-ray or neonatal asphyxia, or birth injury; usually associated with mental retardation from moderate to profound.

MICROCOMMUNITY the smaller portion of a community; the immediate environment of the individual.

MILD MENTAL RETARDATION term used to describe the degree of mental retardation present when intelligence scores range between 2 and 3 standard deviations below the norm (52 to 68 on the Stanford-Binet, and 55 to 69 on the Wechsler Scales); educable retarded individuals function at this level and can usually master basic academic skills; adults may maintain themselves independently or semi-independently in the community.

MILIEU THERAPY a word used to describe treatment by environment; generally treatment in an institution or hospital setting.

MINIMAL BRAIN DYSFUNCTION (MBD) an obsolete term used to describe a child who shows behavioral but not neurological signs of brain injury.

MIRROR WRITING a term applied to writing which is completely reversed in letters and form; example: ekat for take; may be upside down and backwards.

MIXED CEREBRAL DOMINANCE a theory that hemispheric dominance has not been adequately established and that learning problems may be due to the fact that one cerebral hemisphere is unable to consistently lead the other in the control of bodily movement.

MIXED CEREBRAL PALSY cerebral palsy characterized by symptoms of several types, such as athetosis and spasticity, occurring together.

MIXED DOMINANCE a term describing a person whose preferred anatomical sides are mixed; occurs slightly more frequently in learning-disabled compared to normal children, but not enough to be diagnostically useful.

MODELING showing others how to perform specific behaviors; learning occurs through imitation rather than trial and error.

MODERATE MENTAL RETARDATION term used to describe the degree of mental retardation when intelligence scores range between 3 and 4 standard deviations below the norm (36 to 51 on the Stanford-Binet, and 40 to 54 on the Wechsler Scales); trainable retarded individuals function at this level, and can usually learn self-help, communication, social and simple occupational skills but only limited academic or vocational skills.

MODIFICATION (behavioral) the systematic application of methods and experimental findings of behavioral science in order to alter observable behaviors, including increasing, decreasing, extending, restricting, teaching, and maintaining behaviors.

MONGOLISM syndrome in which the majority of affected individuals are trisomic for chromosome number 21; characterized by epicanthal folds, oblique palpebral fissures, broad bridge of the nose, protruding tongue, open mouth, square shaped ears, muscular hypotonia, varying degrees of mental retardation, and frequently congenital heart disease; also known as Down's Syndrome.

MONOPLEGIA a condition with paralysis of one limb.

MONOZYGOTIC refers to genetically identical twins which came from the same egg.

MORON obsolete term used to describe a person with mild mental retardation; also known as educable mentally retarded.

MORPH a unit of phonemes which make up a unit of syntax.

MORPHEME minimal grammatical units of a language that cannot be broken down into smaller parts, such as in, on, out or ing.

MORPHEMICS study of morphemes.

MORPHOLOGY patterns involved in word formation, including inflection, derivation, and composition.

MORPHOPHONEME a phonological unit made up of a group of distinctive features used in the representation of a morpheme.

MORPHOPHONEMICS the study of the relationship between morphemes and their phonological components.

MOSAICISM a form of Down's Syndrome (mongolism); adjacent cells contain different numbers of chromosomes.

MUCOPOLYSACCHARIDOSIS a disorder of mucopolysaccharide metabolism frequently characterized by broad bridge of the nose, open mouth with protruding large tongue, thickened lips, corneal clouding, and coarse facial features; hepatomegaly, hypertrichosis, and mental retardation are present; transmitted as an autosomal recessive gene; also known as Hurler's Syndrome.

MULTIPLE SCLEROSIS a chronic, progressive disease of the central nervous system; characterized by a hardening or scarring of the protective myelin sheath of certain nerves.

MULTISENSORY LEARNING a technique used to facilitate learning using two or more sense modalities at the same time, such as sight, tactile, audition.

MUSCLE SPASM an involuntary, convulsive muscular contraction.

MUSCULAR DYSTROPHY a common primary disease of muscles characterized by weakness and atrophy of the skeletal muscles with increasing disability and deformity.

MUSIC THERAPY using music to bring out feelings that would otherwise fail to surface; a way of facilitating emotional growth.

MUTATION a genetic change in the arrangement or quantity of chromosomal material.

MYELOMENINGOCELE (meningomyelocele) a type of spina bifida; characterized by a tumorlike sac containing part of the spinal cord itself; also known as meningocele.

MYOPATHY weakening and wasting away of muscular tissue; no evidence of neurological disease or impairment.

MYOPIA nearsightedness; rays from distant objects are brought to a focus before they reach the retina.

MYXEDEMA a medical disorder characterized by lethargy and dullness; caused by a lack of thyroid secretion.

N

NARCOLEPSY describes seizures during which there are periodic episodes of irresistible sleep; associated with cataplexy, in which there is sudden loss of the ability to maintain posture.

NEED ACHIEVEMENT concept which describes an individual's motivation for success in some general or specific area; a need achievement score for a particular person is based on the individual's fantasy when presented certain pictures.

NEGATIVE REINFORCEMENT a specific behavior caused by removing a particular stimulus.

NEGATIVE TRANSFER occurs when learning or practice in one skill or task interferes with the learning of another task.

NEGATIVISM behavior characterized by rebelliousness, stubbornness, refusal to follow suggestions or to face reality.

NEO-FREUDIAN THEORISTS Freudian theorists who offer a different view of the original theory developed by Sigmund Freud.

NEPHRITIS disease of the kidneys characterized by swelling of the body tissues; chronic condition.

NEPHROSIS term which describes a noninflammatory, degenerative condition of the kidney.

NEURASTHENIA psychoneurosis characterized by aches, pains, fatigue, irritability, and bodily discomfort in an individual.

NEUROLOGIC refers to the normal and abnormal functions of the nervous system.

NEUROLOGICAL EXAMINATION used to determine whether or not there are localized impairments of the nervous system; focuses on sensory or motor responses, especially the reflexes.

NEUROLOGICAL IMPAIRMENT refers to damage to or some deficiency in the nervous system.

NEUROPHYSIOLOGICAL refers to the physiology of the nervous system.

NEUROSIS (psychoneurosis) condition characterized by anxiety and inability to cope with inner conflicts; does not interfere as seriously with everyday activity as does psychosis.

NOMINAL APHASIA loss of ability to recall names of objects.

NON-ACADEMIC SERVICES (Federal Reg.) each public agency must provide non-academic and extra-curricular services and activities in such a manner as is necessary to afford handicapped children an equal opportunity for participation in those services and activities. Such services and activities may include counseling services, athletics, transportation, health services, recreation activities, special interest groups or clubs, referrals to agencies which provide assistance to handicapped persons, and employment of students, including both employment by the public agency and assistance in making outside employment available.

NON-ACADEMIC SETTINGS (Federal Reg.) in providing or arranging for the provision of non-academic and extra-curricular services and activities, each public agency shall insure that each handicapped child participates with non-handicapped children in those services and activities to the maximum extent appropriate to the needs of that child. This regulation is taken from the Rehabilitation Act of 1973 which states that handicapped children must be provided non-academic services in as integrated a setting as possible. This is especially important for children whose educational needs necessitate their being with handicapped students most of each day. To the maximum extent appropriate, children in residential settings are also to be provided opportunities for participation with other children.

NONGRADED CLASS generally is a school class providing special education for handicapped pupils needing individual learning programs; children are most frequently grouped according to general chronological age and ability (primary age retarded; intermediate age retarded, etc.) or by disability (physically handicapped, hearing handicapped, learning disabled, etc.)

NONGRADED SYSTEM policies and programs within an educational unit developed for the delivery of education curricula to pupils and emphasizing individualized learning; in contrast with the traditional grade system based on chronological age.

NONREADER the child who is unable to learn to read from conventional methods; nonreader's disabilities are often complicated by emotional involvement in gross failure and physical defects; nonreaders generally make scant progress in learning to read and recognize no more than twenty-five words by sight.

NONVERBAL ABILITY power to perform an act or task, physical or mental, which does not involve the use of words as in mechanical ability.

NORMALIZATION philosophy which encourages environmental design as much like the norm as possible, even in institutionalized settings where programs are created to simulate more normal living arrangements to aid eventual adaptive behavior.

NOSOGRAPHIC DEFINITION description of a disorder without reference to the cause.

NOSOLOGICAL DEFINITION description of a disorder as to its cause or causes.

NOTICE TO PARENTS (Federal Reg.) public schools are required to give notice which is adequate to fully inform parents (1) in their native language, (2) of the type of information sought and method to be used in gathering and maintaining personally identifiable information, the source from whom the information is gathered, and the uses to be made of the information, (3) of the policies and procedures which the agency must follow regarding which storage, disclosure to third parties, retention, and destruction of personally identifiable information, and (4) of the rights of parents and children regarding personally identifiable information, including the rights under 438 of the General Education Provisions Act and the Family Educational Rights and Privacy Act of 1974.

NYSTAGMUS condition in which there are rapid involuntary movements of the eyes, which can be related to a brain malfunction and/or inner ear problems.

O

OBESITY accumulation of fat in the body which is detrimental to health.

OBJECT CATHEXIS process of investing psychic energy to satisfy an instinctual drive.

OBTURATOR artificial device used to close an opening; such as a cleft palate.

OCCUPATIONAL THERAPY activities that are medically prescribed and professionally guided, to aid in recovery from disease or injury; activities may be mental or physical.

OEDIPUS PHASE a stage in the development of children in which they experience an attachment for the parent of the opposite sex and aggression toward the parent of the same sex; usually this is an unconscious process.

OLIGOPHRENIA characterized by little-mind or little head, mental weakness and mental deficiency; synonym for mental retardation in foreign countries.

OPEN CLASSROOM a classroom made up of learning centers in open space; theory allows children of various levels of ability freedom of choice, interests, and creativity in their curriculum.

OPEN SYLLABLE a syllable ending in a vowel.

OPERANT AVOIDANCE the act of avoiding or escaping from unpleasant circumstances; behavior learned through operant conditioning to avoid such situations.

OPERANT BEHAVIOR a behavior which operates on the environment or has an effect on the environment.

OPERANT CONDITIONING the process of reinforcing desired behavior with reinforcers which cause the child to repeat the desired behavior.

OPHTHALMIA NEONATORUM gonorrheal inflammation and discharge from the conjunctiva of the eye of the newborn baby under two weeks of age.

OPHALMOLOGIST physician who specializes in diagnosis and treatment of defects, conditions, and diseases of the eye.

OPHALMOLOGY a science dealing with eye diseases and conditions.

OPTACON an instrument used to enable the blind to "read;" consists of a camera that converts print into an image of letters produced via vibration onto the finger of the blind individual.

OPTOMETRIST a person who examines, measures, and treats certain eye defects and who may prescribe corrective lenses; no physician's license is required.

ORAL AGGRESSIVE STAGE substage of the oral stage of psychosexual development during which the children experience pleasure in biting activities; also known as the oral sadistic stage of psychosexual development.

ORAL DEPENDENT STAGE substage of the oral stage of psychosexual development during which children experience pleasure in sucking activities; also known as the oral erotic stage of psychosexual development.

ORAL STAGE OF DEVELOPMENT the earliest stage of psychosexual development which lasts from birth to about 2 years of age in which gratification is centered around the mouth and mouth functions, such as sucking and biting objects or self.

ORGANIC refers to an organ or the organs of an animal or plant.

ORGANIC BRAIN PATHOLOGY a physical disorder of the brain resulting in a disorder in normal physiological functioning

ORGANIC DISORDERS a structural impairment inherent or inborn.

ORGANICITY a central nervous system impairment.

ORGANISMIC AGE refers to the age of an individual which is based upon the average of a number of different developmental ages, such as skeletal age, mental age, educational age, social age.

ORTHOPEDIC relates to the correction of physical or skeletal deformaties.

ORTHOPSYCHIATRY the field of psychiatry which is particularly concerned with mental disorders experienced during childhood and adolescence.

ORTHOTICS concerned with restoration of lost function of body parts with braces, adaptive devices, or prosthetics.

OSSICLES three small bones (malleus, incus, and stapes) that make possible the transfer of sound waves from the eardrum to the oval window (the connector from the middle ear to the inner ear).

OSSIFICATION refers to the process of bone formation.

OSTEOMYELITIS inflammed condition of bone that begins with a hematogenous abscess which, if not checked, may spread through the bone to involve the marrow and other parts.

OSTOGENESIS IMPERFECTA describes a hereditary condition in which the bones are formed improperly and break very easily.

OTITIS MEDIA an inflammation involving the middle ear.

OTOLARYNGOSCOPIC an examination of the ear, nose, and throat; an examination of the inside of the larynx by means of a laryngoscope is known as a laryngoscopic.

OTOLOGY the branch of medicine which deals with the ear and its diseases.

OTOSCLEROSIS a hereditary disease of the bone; the stapes bone is abnormally attached to the oval window of the ear.

OTOTOXIC a condition where poison or toxin has damaged the ear.

OUTER-DIRECTEDNESS a personality characteristic in which the individual relies on others for cues to solve problems; analogous to external locus of control.

OVAL WINDOW a part of the ear which connects the middle and inner ear.

OVERINHIBITED tendency to hold back normal self-expression in words or emotions.

OVERT REHEARSAL a technique used in problem solving activities in which the person is instructed to verbally rehearse the strategies to be used in problem solving.

P

PALATE the roof of the mouth; also the floor of the cavity of the nose.

PANCREAS a gland behind the stomach; secretions pass into the duodenum and are concerned with digestion; secretes insulin to help control carbohydrate metabolism.

PARAPHASIA disorder involving the substitution of parts of words or of using inappropriate words.

PARAPLEGIA paralysis of the lower part of the body, including both legs.

PARENT (Federal Reg.) a parent, guardian or a person acting as a parent of a child such as a grandmother or step parent with whom a child lives as well as persons who are legally responsible for the child's welfare, or a surrogate parent who has been appointed. The term does not include the state if the child is a ward of the state.

PARENT PARTICIPATION (Federal Reg.) each public agency is required to insure that one or both of the parents of the handicapped child are present at each meeting concerning their child or are afforded the opportunity to participate by (1) notifying parents of the purpose, time, and place early enough to attend, and (2) scheduling meetings at a mutually agreed on time and place. A meeting may be conducted without a parent in attendance if unable to convince the parents that they should attend. The agency must take action to insure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English.

PATHOLOGY the study of abnormal conditions in behavior that stem from medical causation.

PATHSOUNDER an instrument used by the blind which emits a noise when an object is approached.

PEDIATRICIAN a medical doctor trained in the development, care, and diseases of children.

PELIZAEUS-MERZBACHER DISEASE leukodystrophy characterized by early onset in infancy with prominent nystagmus and cerebellar signs; has a slow rate of progression; possibly transmitted as a sex-linked recessive trait by which males in successive generations are affected through healthy females; several documented cases have been girls.

PERCEPTION a cognitive process which involves understanding, comprehension, organization, and interpretation of sensory influences; the mechanism by which intellect recognizes and makes sense out of sensory stimulation.

PERCEPTION OF SELF perceptions of the self; have varying degrees of agreement with reality.

PERCEPTUAL CAUSATION caused by the way in which the individual perceives and interprets the stimuli presented to him.

PERCEPTUAL DISORDER cognitive impairment of the awareness of visual, auditory, haptic, or other stimuli.

PERCEPTUALLY HANDICAPPED a perceptual disorder in the auditory, visual, or tactile modalities of learning, or in motor response; the perceptual disorder may involve reception (taking in), expression (giving out or responding), or association (giving meaning).

PERCEPTUALLY IMPAIRED problems associated with the perception of objects or events as they really are; inability to interpret correctly what is seen, heard, or experienced.

PERCEPTUAL-MOTOR the perceptual-motor process involves input (sensory or perceptual activities) and output (motor or muscular activities); anything that happens to one area automatically affects the other; any total activity includes input, integration, output, and feedback.

PERCEPTUAL-MOTOR MATCH theory that motor development precedes sensory development and particularly visual development; most child development research evidence has not substantiated this theory.

PERCEPTUAL ORGANIZATION a systematic arrangement of relatively separate parts into a whole in order to fulfill a function; involves voluntary attention and the ability to organize and join together that which is perceived.

PERFORMANCE TEST generally are standardized tests which require the use and manipulation of physical objects and the application of physical and manual skills; non-verbal standardized test of intelligence.

PERINATAL at the time of birth.

PERKINS BRAILLER a piece of equipment used to write in braille; has six keys, one for each of the six dots of the cell; makes embossed print on the paper.

PERMISSIVENESS practice of allowing the child to express feelings completely without an imposed structure.

PERSEVERATION continuing to behave or respond in a certain way when it is no longer appropriate; inability to initiate a new response.

PERSONAL ADJUSTMENT TRAINING focuses on the development of adjustment to work rather than the development of a particular skill; may be achieved by long-term exposure to a real work situation stressing personal and social skills; the development of work tolerance, appropriate work habits, and emotional stability in responding to work pressures.

PERSONALITY PROFILE usually a graphic representation of the personality characteristics of an individual.

PERSONAL PLAN a plan of intervention and action developed and written by an agency with participation of all concerned; identifies a growth continua of development outlining progressive growth steps of direction from where the individual is at entry; based on diagnostic data that assists understanding of individual needs in a particular situation.

PETIT MAL SEIZURE a seizure characterized by brief lapses in or clouding of consciousness; may occur more frequently than grand mal.

PHALLIC STAGE the stage when a child works out sexual identity; occurs from approximately 4 to 6 years of age during which the child is preoccupied with sexual matters, centering around the penis or clitoris.

PHARYNX located at the back of the throat, leading from the nasal and mouth passages to the larynx.

PHENYLKETONURIA (PKU) a metabolic condition resulting in a lack of the necessary enzyme for oxydizing phenylalanine which promotes accumulation of phenylpyruvic acid and mental retardation; can be controlled by diet.

PHILOLOGY linguistics

PHOBIA abnormal fear of a pathological nature.

PHOCOMELIA a birth defect resulting from maternal use of the drug thalidomide during pregnancy in which the limbs of the baby are very short or missing completely, with the hands and feet attached directly to the torso like flippers.

PHONATION controlling the breath stream to produce speech sounds.

PHONEMATICS the phonemic system of language; same as phonemics.

PHONEME basic unit of sound.

PHONEMIC pertaining to phonemes or the phonemic system of language.

PHONEMICS the phonemic system of language.

PHONESTHEMIC a speech sound common to a group of echoic or symbolic words such as br in braid, branch, brand, brick.

PHONETIC ALPHABET an alphabet which is made up of a separate symbol for each speech sound.

PHONETICIAN a professional who specializes in phonetics.

PHONETIC LAW refers to regular patterns of sound change in a specific language.

PHONETICS refers to the branch of linguistics which is concerned with the sounds employed in speech, their production, transmission, and reception.

PHONIC referring to speech sounds.

PHONICS a technique or method used in teaching reading and spelling which emphasizes the auditory recognition and production of speech sounds in contrast to emphasis on visual recognition of letters and words.

PHONOGRAM a letter or combination of letters standing for a speech sound.

PHOLOGY phonetic and phonemic system of language

PHONOMETER an instrument used to measure the intensity of sound.

PHYSICAL ANOMALY a minor variance in normal physical development.

PHYSICAL THERAPY describes the treatment of disability, injury, and disease using massage, exercise, application of heat, light, water, and electricity.

PHYSIQUE refers to bodily structure and organization.

PLACEMENT OF STUDENTS IN PRIVATE SCHOOLS (Federal Reg.) before a public school can place a child in, or refers a child to a private school or facility, they must develop an IEP for the child. The public school and the State Education Agency are ultimately responsible for the child's individualized education program. If a child has available a free appropriate public education and the parents choose to place the child in a private school or facility, the public school or agency is not required to pay for the child's education at the private school or facility. However, the public agency is required to make services available to the handicapped child.

PLACENTAL DYSFUNCTION SYNDROME describes a yellow staining of the vernix and skin presumably due to degenerative changes in the placenta resulting in progressive reduction of oxygen and nourishment for the fetus.

PLAY AUDIOMETRY refers to a method of testing hearing designed particularly for very young children who are taught to respond to an auditory signal within a "game" situation.

PLAY TECHNIQUE using play objects, such as puppets, dolls, toys, and miniatures, in projective testing; these materials were originally used in play therapy and have subsequently been adapted for psychodiagnostic testing and evaluation.

PLAY THERAPY refers to psychotherapy for children in which play materials and fantasy construction are utilized.

PLEASURE PRINCIPLE reducing or eliminating tension from the individual by avoiding pain and striving for gratification.

PLUMBISM residual effects of the toxic action of lead on the central nervous system; same as lead poisoning.

PNEUMOENCEPHALOGRAM a procedure of X-ray study of the brain where added contrast is obtained by replacing some of the cerebrospinal fluid with air or oxygen; size and configuration of spaces ordinarily filled by cerebrospinal fluid are shown and any abnormalities delineated.

POLIOMYELITIS an infectious disease that attacks the nerve tissue in the spinal cord and/or brain; results in paralysis of one or more limbs; also known as polio or infantile paralysis.

POSITIVE REINFORCEMENT the act of using a stimulus to maintain or increase a response when presented as a consequence of a particular response.

POSITIVE REINFORCER a stimulus which increases or maintains the response when presented as a consequence of a response.

POSITIVE TRANSFER occurs when learning or practicing one skill or task; aids in learning of a second one.

POSTENCEPHALITIC neurological and/or behavioral changes that remain after the patient has recovered from acute encephalitis.

POSTLINGUAL DEAFNESS refers to deafness occurring after a child has developed speech and language.

POSTMATURITY describes infants whose gestation exceeds the normal 7 days (see placental dysfunction syndrome).

POSTNATAL after birth.

POTENTIAL the highest level at which a person could perform, given appropriate circumstances.

PREADMISSION an evaluation service done prior to acceptance into a program(s) to determine the appropriateness and placement of an individual.

PRECOCIOUS early or rapid development in young children.

PRECOCITY remarkably early or rapid development in young children.

PRELATENCY STAGES refers to the oral, anal, and phallic stages of psychosexual development.

PRELINGUAL DEAFNESS deafness which is present at birth or occurring prior to the development of speech or language.

PREMATURITY infants delivered before 37 weeks from the first day of the last menstrual period; infants weighing 2,500 grams or less; may have had a shortened gestational period, a less than expected rate of intrauterine growth, or both.

PRENATAL refers to development before birth.

PREPALATE refers to the anatomical structure of the upper lip and upper gum ridge including the alveolar process.

PRESCHOOL EDUCATION training program or nursery school program which emphasizes the development of self help, motor, communication, and social skills of young children.

PRESCRIPTIVE EDUCATIONAL PROGRAMING educational programing based on individual educational needs which includes both psychological and academic areas.

PRIMARY DEVIANCE the initial rule breaking done by an individual during normal growth and development.

PRIMARY LEARNING AND READING DISABILITY the organic mechanism for perceptual learning is dysfunctional or not ready for learning due to any of a variety of causes.

PRIMARY SOCIALIZING SYSTEM refers to a system comprising groups of people closest to an individual.

PROCESS TEST a diagnostic procedure used to determine the effectiveness of psychological, spatial skills or language processes.

PROFILE CHART graph developed by uniting the points representing one's scores on each of several kinds of tests.

PROFOUND MENTAL RETARDATION term used to describe the degree of mental retardation present when intelligence scores are more than 5 standard deviations below the norm (19 and below on the Stanford-Binet and 24 and below on the Wechsler Scales (extrapolated)); generally require continuing and close supervision but some persons may be able to perform simple self help tasks; profoundly retarded persons often have other handicaps and require total life support systems for maintenance.

PROGNOSIS an attempt to foretell the probable outcome of a physical, mental, or social function.

PROGRAM REVIEW CONFERENCE IEP meetings must be conducted at least once each year to review and, if necessary, revise each handicapped child's IEP. However, if the parents of the handicapped child believe that the child is not progressing satisfactorily or that there is a problem with the child's current IEP, it is appropriate for the parents to request an IEP meeting. The public agency should grant any reasonable request for such a meeting. If a child's teacher(s) feels that the child's placement or IEP is not appropriate, the teacher(s) should follow agency procedures with respect to calling or meeting with the parents and/or requesting the agency to hold another meeting to review the child's IEP.

PROJECTION a psychological process of ascribing to others the ideas, feelings, or attitudes that the individual himself has but does not desire to recognize.

PROJECTIVE TESTS tests used diagnostically to get individuals to reveal something of their personality and conflicts.

PROJECT RE-ED a project for the re-education of emotionally disturbed children; children are placed in a residential care unit emphasizing the educative process.

PROPRIOCEPTION proprioceptive sensations arise from the deeper tissues of the body, such as the muscles, ligaments, bones, tendons, and joints.

PROSODY refers to the rhythm or patterns of stress and rate given to spoken words.

PROSTHESIS an artificial device used as a substitute for an absent part of the body; addition of one or more sounds or syllables to a word or to a verse.

PROSTHETICS a professional branch of surgery or dentistry which specializes in replacing missing body parts with artificial devices.

PROSTHODONTICS a professional specialty concerned with making dental substitutes such as crowns, bridges, dentures.

PROTEIN DEFICIENCY to be lacking in protein; severe protein-calorie undernutrition occurring in certain critical periods of mental development, such as in the late prenatal period and the first six months of life; may be associated with mental retardation; see also kwashiorkor.

PSEUDORETARDATION term used to refer to a condition in which test results of an individual were within the retarded range but the primary condition was believed to be emotional.

PSYCHASTHENIA a psychoneurotic condition characterized by abnormal fears, obsessions, and compulsions.

PSYCHIATRIST a physician who specializes in the diagnosis and treatment of mental illness and personality disorders.

PSYCHIC ENERGY energy supplied by the id that allows the total personality system to function.

PSYCHOANALYSIS a form of psychotherapy originated by Sigmund Freud; patient delves into the unconscious to become aware of the existence of and reasons for deep conflicts.

PSYCHOANALYZE to treat by psychoanalysis.

PSYCHODRAMA technique used in psychotherapy which emphasizes group therapy in which individuals take roles in improvised dramatizations of emotional situations.

PSYCHODYNAMICS study of personality as related to past and present experiences and the influence of such on motivation.

PSYCHODYNAMIC THEORY refers to the study of the individual recognizing the role of the unconscious.

PSYCHOGENESIS having originated and generated in the psyche or mind.

PSYCHOGENIC a term referring to that which originates in one's mental and emotional life.

PSYCHOGENIC MENTAL RETARDATION archaic term for functional mental retardation.

PSYCHOGRAPH graph used to show relative strength of personality traits of an individual.

PSYCHOLINGUISTICS study of the possible relationship between language and behavioral characteristics of the speaker.

PSYCHOLOGICAL refers to matters which pertain to psychology.

PSYCHOLOGICAL EXAMINER a person trained and licensed by a state to administer and interpret psychological and educational tests; also administer and interpret personality tests under clinical supervision.

PSYCHOLOGY the science of mental states and processes.

PSYCHOMETRY measurement of mental processes.

PSYCHOMOTOR EPILEPSY a form of epilepsy; seizures consist of purposeful but inappropriate acts.

PSYCHOMOTOR SEIZURES seizures during which there are purposeful movements occurring during a period of altered consciousness; automatisms include grasping movements of the hand, smacking of the lips, irrelevant speech and inappropriate behavior; temporal lobe focal seizures.

PSYCHONEUROLOGY the field of medicine concerned with behavioral disorders associated with brain dysfunctions in human beings.

PSYCHONEUROSIS describes a mental or emotional disturbance that affects only part of the personality and that is not severe enough to make a person dangerous to society.

PSYCHOPATH a person demonstrating a mental or nervous disorder; characterized by a lack of moral sensibility and poor emotional control.

PSYCHOPATHIC PERSONALITY a personality type which is unable to learn from experiences and does not experience normal feelings such as love or guilt or have an intact moral code.

PSYCHOPATHOLOGY science of the diseases of the mind.

PSYCHOPATHY disease of the mind.

PSYCHOPHARMACOLOGIC AGENT refers to drugs and other active substances used to treat behavioral disorders; influences affective, behavioral, and emotional states.

PSYCHOPHARMACOLOGY the study and use of drugs which influence affective, emotional, and behavioral states; used to modify behavior; generally classified into stimulants (dextroamphetamine, methylphenidate), tranquilizers (thioridazine, chlorpromazine), and anti-depressants (tri-cyclic amines).

PSYCHOPHYSIOLOGY the professional specialty that deals with the interrelation of mental and physical phenomena.

PSYCHOSEXUAL refers to the relationship of psychological and sexual phenomena.

PSYCHOSEXUAL STAGES OF DEVELOPMENT listed in Freudian theory as the stages of libidinal maturation from birth to adulthood.

PSYCHOSIS a personality disorder which leads to alienation of the person from reality and endangers the safety of others.

PSYCHOSOCIAL refers to the relationship of or causes which include both psychological and social factors.

PSYCHOSOMATIC a medical condition pertaining to impaired bodily function which is caused or influenced by a person's emotional state of being.

PSYCHOTHERAPEUTICS pertaining to psychotherapy.

PSYCHOTHERAPY the treatment of emotional disorders by psychodynamic methods and techniques.

PSYCHOTOMIMETIC influence tending to produce symptoms associated with psychosis.

PSYCHOTROPIC DRUG refers to medication used primarily for its behavioral effects; may be used with children for the purpose of influencing attention, or the degree of activity.

PULL-OUT PROGRAM taking children out of the regular classroom or specialized instruction.

PUNISHMENT term used in behavioral science to describe the removal of a positive reinforcer and the presentation of a negative reinforcer to decrease a specific behavior.

PUPIL the contractile opening in the middle of the iris in the eye.

PUPPETRY refers to the use of puppets to encourage communication in children with expressive problems regardless of cause.

PURE-TONE AUDIOMETRY tones of various intensities and frequencies which are presented to a person and used to determine a person's hearing capacity.

Q

QUADRIPLEGIA paralysis in which all four limbs are involved.

R

READABILITY factors related to the comprehensibility of a selection.

READINESS the developmental level that must be attained to learn to read.

READING the process in which printed symbols stimulate the brain to interpret and give meaning to written language symbols, signs, codes, or the like.

READING CLINIC a center which specializes in teaching reading and one which draws children from more than one school and provides diagnosis and remediation for individuals who have serious reading problems.

READING PACERS mechanical devices for training a reader to read faster.

REALITY PRINCIPLE the modification of the pleasure principle brought about by the demands of the external world.

REALITY RUB-IN the process of making a child aware of what happened immediately following a crisis situation and the child's part in the crisis situation.

REAUDITORIZATION lack of ability to understand and recognize words so that they can be remembered and recalled at a later time.

REBELLION rejection of both cultural goals and the institutional means to reach these goals and the substitution of new goals and new means.

RECEPTIVE LANGUAGE the input of language or the understanding of language messages from others; generally related to spoken or written language, but may include understanding of gestures or written and sign communications.

RECEPTIVE LANGUAGE DISABILITIES refers to difficulties derived from the inability to understand spoken language.

RECESSIVE a recessive gene only expresses itself if it is carried upon both members of the chromosome pair concerned.

RECESSIVE TRAIT an inherited trait that remains latent or subordinate to a dominant characteristic.

RECORDS ON MORE THAN ONE CHILD (Federal Reg.) if any education record includes information on more than one child, the parents of those children shall have the right to inspect and review only that information relating to their child or to be informed of that specific information.

RECREATION THERAPY provides for individual self-expression, social interaction, and entertainment and develops skills and interests leading to enjoyable and constructive use of leisure time.

REDUNDANCY the art of presenting the same information to as many of the senses as simultaneously as possible in a given task.

RE-EVALUATION (Federal Reg.) an evaluation must be conducted every three years or more frequently if conditions warrant or if the child's parent or teacher requests a re-evaluation.

REFERRAL the act of recommending that a child be considered as possibly needing special education services.

REFERRAL CONFERENCE a school meeting between parents and school personnel to discuss the educational performance of a child who has been referred as possibly needing special education services. At this point it is decided if the regular education program can be adjusted to meet the child's needs or if further testing and evaluation are needed.

REFLEX AUDIOMETRY testing of responses to sounds by observation of reflex actions.

REHABILITATION the educational process of improving an individual's skill or level of adjustment to the point that the person can maintain satisfactory independent or dependent functioning such as self-care, employment, etc.

REHABILITATION COUNSELOR EVALUATION the process used in vocational rehabilitation involving the use of personal observation and objective tests to ascertain the value of a client's responses, resulting in understanding and solution to adjustment problems.

REINFORCEMENT a procedure to increase or decrease a response by the administration of immediate rewards (positive reinforcement) or punishment (negative reinforcement).

REINFORCEMENT THEORISTS refers to a branch of behaviorists who believe that the most important element in learning is what happens immediately after the learning.

REINFORCER a stimulus which is used to maintain or increase a particular behavior.

RELATED SERVICES (Federal Reg.) transportation, developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education. Related services may include psychological services, physical or occupational therapy, recreation, early identification and assessment of disabilities in children, counseling service, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training.

REMEDIAL intended to improve an individual's skill level in a particular area.

REMEDIAL READING reading instruction with the purpose of correcting poor reading habits and increasing an individual's speed and comprehension in reading.

REMEDIATION an educational technique used to redirect or circumvent impaired learning patterns; compensatory methods used to facilitate learning rather than to cure learning disorders.

RESIDENTIAL FACILITY public or private facilities offering 24-hour service; includes short term, long term, diagnostic, or special programs; may be used in a continuum of community services.

RESIDENTIAL SCHOOL a facility in which the child with special needs can receive 24-hour care.

RESONANCE reverberation; the quality of the sound imparted by the size, shape, and texture by the various couplings of the cavities of the mouth, nose, sinuses, lanynx, pharynx, upper thorax, and to some degree by the skeletal structure of the head and upper chest.

RESPITE CARE services in a variety of settings, developed for the care of the mentally retarded person through temporary separation from his family, in or outside the home for short, specified periods of time on a regular or intermittent basis; involves other services based on individual need for the purpose of relieving the family of care in order to (1) meet emergency needs, (2) maintain their physical and mental well-being, and (3) initiate training procedures in or out of the home.

RESPONDENT CONDITIONING a process by which a specific stimulus is used to elicit a response which it does not normally elicit; also known as classical conditioning.

RESPONSE any activity of an organism or an organ that results from stimulation.

RESPONSE COST techniques in behavior management that involve the removal of positive reinforcement following an episode of inappropriate or unacceptable behavior.

RESOURCE ROOM a classroom where children with special needs go for a part of the school day to obtain special help in learning; the amount of time varies from a few minutes to the bulk of the day; specially trained teachers in this room work cooperatively with the regular classroom teacher.

RESOURCE TEACHER a special education teacher who works with small groups of children for varying periods of time in specific skill areas.

RETINA the portion of the eye which contains the light-sensitive rods and cones; nerve fibers connect to the optic nerve.

RETINITIS PIGMENTOSA degeneration of the retina; a hereditary disease.

RETINOBLASTOMA disease characterized by a malignant tumor of the eye; associated with above-average intelligence; hereditary.

RETREATISM rejection of cultural goals and the institutional means to reach these goals.

RETROLENTAL FIBROPLASIA disease of the retina in which a mass of scar tissue forms in back of the lens of the eye; usually affects both eyes and occurs most often in infants born prematurely who received excessive oxygen.

RHEUMATIC FEVER a condition characterized by painful swelling and inflammation of the joints; may be associated with strep throat or scarlet fever.

RHEUMATOID ARTHRITIS a disease with major symptoms involving the muscles and joints; also known as Still's disease.

RH INCOMPATIBILITY a state where the mother has Rh negative blood and the fetus has Rh positive blood causing antibody formation in the mother; may cause destruction of the Rh positive red blood cells which may cause abortions, still births, kernicterus, or possible mental retardation; see Rh Sensitization.

RH SENSITIZATION a state where the mother has Rh negative blood and the fetus has Rh positive blood causing antibody formation in the mother; may cause destruction of the Rh positive red blood cells which may cause abortions, still births, kernicterus, or possible mental retardation; same as Rh incompatibility.

RIGHT-LEFT DISORIENTATION inability to distinguish between right and left; lacks awareness of directionality.

RIGHT TO A HEARING (Federal Regulation) (a) an educational agency or institution shall, on request, provide an opportunity for a hearing in order to challenge the content of a student's education records to insure that information in the education records of the student is not inaccurate, misleading or otherwise in violation of the privacy or other rights of students. The hearing shall be conducted in accordance with Reg. 99-22.

(b) If, as a result of the hearing, the educational agency or institution decides that the information is inaccurate, misleading or otherwise in violation of the privacy or other rights of students, it shall amend the education records of the student accordingly and so inform the parent of the student or the eligible student in writing.

(c) If, as a result of the hearing, the educational agency or institution decides that the information is not inaccurate, misleading or otherwise in violation of the privacy or other rights of students, it shall inform the parent or eligible student of the right to place in the education records of the student a statement commenting upon the information in the education records and/or setting forth any reasons for disagreeing with the decision of the agency or institution.

(d) Any explanation placed in the education records of the student under paragraph (c) of this section shall:

(1) be maintained by the educational agency or institution as part of the education records of the student so long as the record or contested portion thereof is maintained by the agency or institution, and
(2) if the education records of the student or the contested portion thereof is disclosed by the educational agency or institution to any party, the explanation shall also be disclosed to that party.

(20 U.S.C. 1232g(a)(2))

RIGIDITY maintaining a behavioral set when such a set is no longer appropriate; resistance to making a new kind of response.

RIGIDITY CEREBRAL PALSY cerebral palsy that is characterized by diffuse, continuous muscle tension and consequent stiffness; rare type.

RITUALISM rejection of cultural goals but acceptance of the institutional means to reach these goals.

ROCHESTER METHOD a technique of teaching communication to hearing-impaired students that utilizes both manual and oral techniques and principles.

ROTATION OF DESIGN the revolving of a visual pattern on its axis; according to the Bender Visual-Motor Gestalt Test, if the rotation of a design is spontaneous, it may suggest an emotional problem and/or neurological disorder.

RUBELLA German measles; if it occurs in the pregnant mother during the first trimester of pregnancy, the fetus may be affected causing congenital anomalies including deafness, cataracts, cardiac malformation, and/or mental retardation.

S

SACCADIC MOVEMENTS the jerky movements of the eyes while reading.

SAFEGUARDS (Federal Reg.) each agency shall protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages.

SATIATION term which refers to a technique used in behavior modification by which a behavior is allowed to continue until it stops voluntarily.

SCHEDULES OF REINFORCEMENT the rate at which reinforcers are presented; may be fixed or variable interval (time) or fixed or variable ratio (number).

SCHEMA a number of concepts combined into a coherent plan or generalized diagram or scheme by which an object or idea may be apprehended.

SCHEMATISM the form or arrangement or a particular thing.

SCHEMATIZE to reduce or arrange a group of ideas or concepts according to a scheme.

SCHIZOPHRENIA psychosis marked by disturbances in reality relationships characterized by withdrawn and/or bizarre behavior, sometimes delusional behavior and deterioration of intellectual and emotional well being.

SCHOOL PSYCHOLOGIST a psychologist who has studied mental processes and behavior and who specializes in the relationship of these concepts to children in an educational setting.

SCOLIOSIS a condition resulting in curvature of the spine, either congenital or acquired; includes poor posture, disease, or muscular weakness due to certain conditions such as cerebral palsy or muscular dystrophy.

SCREENING the process of selecting one or more students from a larger group for a specific purpose, such as for diagnostic evaluation or testing.

SEA State Education Agency

SECONDARY DEVIANCE rule breaking that occurs following the point when an individual is perceived as a rule breaker.

SECONDARY READING DISABILITY an acquired reading disability in which the organic mechanism is intact for perceptual learning.

SEIZURE term used to describe a sudden alteration of consciousness, sometimes accompanied by motor activity and/or sensory phenomena, caused by an abnormal discharge of electrical energy in the brain.

SELF-CONTAINED CLASSROOM a classroom to which children are assigned for the entire day or the bulk of a day and where a specially trained teacher has the responsibility for their educational program.

SEMANTIC a term pertaining to meaning in language.

SENSORIMOTOR pertaining to the integration of motor activity and sensory stimuli.

SENSORIMOTOR SKILL a skill in which muscular movement is prominent but must be coordinated with sensory input; i.e. driving a car or bicycle involves the integration of patterned motor movements and the perception of external cues from traffic, turns in the road, etc.

SENSORY-MOTOR ABILITY the ability to act as directed by the senses; the ability to respond to a given stimulus; associated with how well a person is coordinated when dealing with the senses of hearing, seeing, tasting, smelling, feeling, and motor ability.

SENSORY-NEURAL HEARING LOSS refers to a defect of the inner ear or the auditory nerve transmitting impulses to the brain.

SEQUENTIAL DEVELOPMENT describes a step by step explanation of development wherein one skill is built upon another.

SEVERE MENTAL RETARDATION term used to describe the degree of mental retardation when intelligence scores range between 4 and 5 standard deviations below the norm (20 to 35 on the Stanford-Binet, and 25 to 39 on the Wechsler Scales (extrapolated); require continuing and close supervision but may perform self-help and simple work tasks under supervision.

SHAPING a systematic plan of reinforcement for the development of successive approximation of a new behavior.

SHELTERED EMPLOYMENT a structured program of activities which can involve work evaluation, work adjustment, occupational skill training, and short-term remunerative employment designed to effect placement in the labor market, or extended, long-term remunerative selected work in a protective environment or extended remunerative activities in a protective environment for persons with severe disabilities which limit production output.

SHELTERED WORKSHOP a structured environment in which a handicapped person can learn skills; can be a transitional placement or a permanent arrangement.

SHORT-TERM OBJECTIVES short-term objectives, also called IEP objectives, are measurable intermediate steps between a handicapped person's present levels of educational performance and the annual goals that are established for the child; objectives are developed based on a logical breakdown of the major components of the annual goals, and can serve as milestones for measuring progress toward meeting the goals.

SICKLE CELL ANEMIA a term referring to a chronic blood disease that occurs only in those who inherit the abnormal sickle gene from both parents and, primarily among blacks, produces an abnormal form of hemoglobin.

SIGN LANGUAGE a manual system used with the deaf in which there is sometimes similarity between the configuration of each gesture and the meaning it represents.

SIMIAN CREASE single midpalmar crease signifying a minor physical anomaly.

SIZE CONSTANCY tendency for the perceived size of an object to remain constant regardless of the image reflected on the retina.

SLANTED PALPEBRAL FISSURES slanted eyelids.

SLATE AND STYLUS a method of writing in braille in which the paper is held in a slate while the stylus is pressed through openings to make indentations in the paper; more difficult to use than the Perkins Brailler because braille cells are written in reverse order.

SLOW LEARNER a child with social and academic behavior less than usual age level standards; function intellectually in range of 1 to 2 standard deviations below the test mean on intelligence tests.

SNELLEN CHART used to determine visual competence; made up of rows of letters of Es arranged in different positions; each row corresponds to the distance at which a normally sighted person can discriminate the letters.

SOCIAL AND EMOTIONAL DEVELOPMENT processes of self identification, of exploration and mastery, and of control building and of play.

SOCIALLY MALADJUSTED pertains to individuals who have difficulty dealing with society and groups of people.

SOCIALLY NEARSIGHTED BEHAVIOR a term used by Fritz Redl which refers to an individual's inability to perceive what they have done toward creating their own problems.

SOCIAL REINFORCERS non-material awards which are presented as a consequence for desired behavior; i.e. praise, attention.

SOCIAL RESPONSIBILITY refers to the ability of a person to accept accountability as a member of a community and to demonstrate appropriate behaviors in terms of these expectations; reflected in levels of conformity, socially positive creativity, social adjustment, and emotional maturity.

SOCIAL WORKER an individual who is trained in social work techniques and who holds a M.S.W. (Masters of Social Welfare) or D.S.W. (Doctorate of Social Welfare).

SOCIOLOGICAL THEORY a theory of behavior which focuses on the needs, development, and organization of society.

SOCIOMETRICS measurement of social group interaction.

SOCIOPATH a psychological term describing a person whose behavior is antisocial or sexually deviant; a personality disorder in which an individual's behavior expresses an unwillingness to conform to the demands of society; individuals classified as such are not neurotic, psychotic, or mentally defective but manifest a marked lack of ethical or moral development and an inability to follow the socially approved codes of behavior; frequently accompany their acts with regrets and expressions of proposed future behavior that is socially acceptable; persons of this type are quite vain, and lack guilt feelings, and appear unable to form lasting relationships or to reform even under threat of punishment.

SOCIOPATHIC PERSONALITY describes the personality of an individual who has extreme disregard and hostility for society and in particular for all organized segments of society.

SONIC GLASSES developed by Kay (1973); operate on the principle that humans can learn to locate objects by means of echoes.

SONIC TORCH device that makes a sound when it encounters an object; the sound is echoed back to the person holding it; can be hand-held.

SOUND BLENDING the synthesization of separate sounds which make up separate parts of a word.

SPAN OF RECOGNITION a phrase used to describe the phenomena that occurs during one fixation when the eye sees and the brain recognizes that which is seen.

SPASM involuntary contraction of a muscle or group of muscles

SPASTIC HEMIPLEGIA condition in which one side of the body is affected with spasticity.

SPASTICITY involuntary contraction of affected muscles when they are suddenly stretched; results in tenseness and inaccurate, difficult voluntary movement as in cerebral palsy.

SPASTIC PARAPLEGIA condition which involves spasticity in both legs.

SPATIAL RELATIONSHIP perception of the position of two or more objects in relationship to one another or to one's self in which similarities in shape, size, etc. are taken into consideration; believed to have a direct bearing on performance in reading and computations; body image acts as a zero focus of reference in terms of the knowledge of the person's space world; disturbances in body image will be reflected in the perception of outside objects.

Piaget and Inhelder list five basic steps in the process of the perception of space (Piaget & Inhelder, 1967, pp.5-8):

1. The most elementary spatial relationship that can be perceived is that of "proximity" or "nearby-ness."

2. The second spatial relationship is that of separation; that is, the blending of two nearby elements may be segregated as analytic perception develops.

3. The third relationship is order or succession - the positioning of one element before the other. One fundamental part of order is symmetry, represented by double-order or reverse-order perception.

4. The fourth relationship is that of enclosure or surrounding, which develops as a concept of "betweenness" and undergoes a complex evolution as the first three steps develop. This evolution brings about three-dimensional perception.

5. The last relationship is that of continuity. This is the development of continuous perception in relation to lines, surfaces, etc.

SPATIAL-TEMPORAL TRANSLATION term which describes an individual's ability to translate a simultaneous relationship in space into a serial relationship in time, or vice versa; e.g. a person must recognize the square as a whole when seen in space and reproduce it in time as an organized series of lines and angles.

SPECIAL CLASS a classroom designed to serve a small group of students on the basis of some disability and given instruction by teachers with specific training for work in the area of their disability; sometimes grouped by chronological age; class enrollment generally varies from 8 to 15 students.

SPECIAL DAY SCHOOL provides all-day, segregated educational experience for children who are unable for some reason to function in a more normal setting.

SPECIAL EDUCATION (Federal Reg.) specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

SPECIAL LIVING ARRANGEMENT provision of living quarters for persons who need 24-hour care and supervision; includes personal care and other services as needed; sometimes refers to living components of a program and as appropriate to the developmental functional level of the individual.

SPECIAL SELF-CONTAINED CLASS made up of children with a particular diagnostic label (categorical) or similar educational needs but different labels (non-categorical), who have a need for full-time instruction in this placement, and are only integrated with their normal classmates for a few activities, if any.

SPECIFIC LANGUAGE DISABILITY term generally used to describe those who have found it very difficult to learn to read and spell, but who are intelligent and usually able to learn arithmetic without difficulty; recently, any language deficit, oral, visual, or auditory may be referred to with this term.

SPEECH AUDIOMETRY test of a person's ability to detect and understand speech rather than using pure tones to detect hearing loss.

SPEECH DISORDER oral communication that exhibits abnormal use of the vocal apparatus; is unintelligible or of such poor quality that it draws attention to itself and causes feelings of inadequacy or inappropriate behavior in the speaker.

SPEECHREADING a technique used in teaching children to use visual information from various sources to understand what is being said to them; consists of lipreading and cues; i.e. gestures, facial expressions, etc.

SPINA BIFIDA a congenital defect which occurs when the bony spinal column fails to close completely during fetal development.

SPLINTER SKILLS a specific problem that exists in isolation as if "splintered off" from the usual sequence involved in the development of specific skill areas.

STANDARD DEVIATION a measure of the amount by which an individual test score differs from the mean (average) score; a statistical construct that makes it possible to predict the percentage that falls above or below a score.

STANDARDIZED ACHIEVEMENT TEST used to determine a child's relative achievement level; score can be compared to the scores of a similar child or group of children.

STANDARDIZED TESTS tests which have been given to a large representative sample of the population to which the test will be applied; provides norms which allow groups and individual scores to be compared.

STANFORD-BINET INDIVIDUAL INTELLIGENCE TEST an individually administered intelligence test for individuals from age 2 years through adult; see Tests Used in Education of the Handicapped.

STANFORD-BINET INTELLIGENCE SCALE measures the capacity to perceive and understand relationships.

STAPES a small stirrup-shaped bone in the middle ear which transmits sound to the inner ear.

STATUS EPILEPTICUS a convulsive condition in which one grand mal seizure is followed by another; consciousness is not regained between seizures.

STEREOTYPED BEHAVIOR action characterized by complex, repetitive movements, repetitive hand movements, rocking, object twirling, or head banging; appears non-functional; common in severely retarded individuals, particularly non-verbal ones.

STILL'S DISEASE juvenile rheumatoid arthritis.

STIMULATION LEVEL the level of activity that demands just enough effort to keep interest and to encourage further experimentation.

STIMULUS something physical, chemical, social, or biological which excites an organism or part to functional activity.

STIMULUS REDUCTION a concept or technique which is used in teaching distractable, hyperactive children; emphasizes the reduction of extraneous (non-relevant to learning) material from the area where instruction takes place.

STRABISMUS condition in which the eyes turn inward (crossed eyes) or outward.

STREPHOSYMBOLIA refers to a reversal in perception of left-right order, especially in letter or word order; a perceptual disorder in which symbols are perceived as being out of their actual order and twisted and reversed; a term coined by Orton.

STRUCTURED PROGRAM a concept largely forwarded by Cruickshank; principle emphasizes a teacher-directed approach in which activities and the environment are structured for the child who is distractible and hyperactive.

STRUCTURING the act of arranging an activity in a way that is understandable to children and conducive to performance; planning and arranging a task so that the child is aware of what is expected.

STUTTERING a pattern of speaking in which the flow of words is interrupted by hesitations, rapid repetition of speech elements, and/or spasms of breathing; may be controlled by therapy.

SUBCONSCIOUS refers to the portion of the mind which operates apart from the conscious mind and of which an individual has no consciousness.

SUBLIMATION to redirect energy from its immediate goal into acceptable or realistic channels.

SUPEREGO in psychoanalytic usage, that part of the psyche that functions like the conscience.

SUPPRESSION a visual problem in which the eye continues to function even though the brain apparently ignores the image from the crossing eye.

SURROGATE PARENTS (Federal Reg.) a surrogate parent must be appointed if the whereabouts of a parent are not known or if the child is a ward of the state; the surrogate parent may represent the child in all matters relating to the identification and educational placement of the child; a public agency may select a surrogate parent in any way permitted under state law.

SWEEP TEST an audiometric test developed to screen people to determine whether or not individuals have a hearing impairment.

SYMBIOTIC INFANTILE PSYCHOSIS present in an infant whose parent is also psychotic; both are dependent on each other and mutually reinforce the disturbance and dependency in each other.

SYMPTOMATIC EPILEPSY recurrent epileptic seizures believed to be related to a cause, such as a brain lesion.

SYMPTOM ESTRANGEMENT letting go of inappropriate behaviors.

SYNAPSE the point of contact between one neuron and another; characterized by a state of polarization and resistant to the passage of an impulse; susceptible to fatigue.

SYNAPTIC TRANSMISSION the chemical process by which a nerve impulse passes across the synapse; some theories refer to this as an electrical process though the chemical process is currently favored; the chemical transmitter substance serves as a threshold stimulus by triggering impulse conduction; acetylcholine, epinephrine, and norepinephrine are three well-known transmitter substances.

SYNDACTYLISM a condition characterized by webbing together of fingers and/or toes; may involve one or more digits.

SYNDACTYLY a fusion or partial fusion of two or more fingers and/or toes.

SYNDROME a group of symptoms associated with any specific condition which characterizes a particular condition, disease or the like.

SYNERGIC term describes the act of working together or in harmony.

SYNTHESIS process of putting various parts together to form a cohesive whole.

SYNTHETIC TOUCH tactual exploration of objects that are small and able to be enveloped by one or both hands.

SYPHILIS a chronic infectious venereal disease which can be harmful to the fetus if contracted during pregnancy and in the later stages of fetal development; can cause mental subnormality in the child.

T

TACHISTOSCOPE a machine that exposes visual material for a variable period of time in a predetermined sequence.

TACTILE (Tactual) a sense of touch; expresses the child's sense of touch as applied to a given object.

TACTUAL-KINESTHETIC a combination of both the sense of touch and muscle movement.

TACTUAL VOCODER a machine that transforms sounds into vibrations.

TALENT a special ability, aptitude, or accomplishment of an individual.

TANGIBLE REINFORCERS material rewards for desired behavior elicited from an individual.

TASK ANALYSIS procedure of breaking a task down into simple parts; usually listed sequentially.

TAXONOMY science of classifying things into natural or related groups based on a common factor.

TAY-SACH'S DISEASE a form of cerebral lipidosis; onset is usually in infancy, confined to children of Jewish ancestry; caused by a single autosomal recessive gene.

TEACHER COUNSELOR a teacher trained to work with emotionally disturbed children's academic skills and deviant behavior.

TEAM LEARNING two children study together for mutual growth.

TEAM TEACHING two or more teachers with special skills which complement each other assume joint responsibility to teach a class.

TEMPORAL time or time relationships; ability to recognize the limits of time with understanding; developmentally children first project time into objects.

TEMPORARY CARE HOME a foster home used for respite or emergency care for a retarded child or adult.

TERATOGENS factors that are deforming and interfere with normal fetal development.

TESTING AND EVALUATION tests. examinations, evaluations, or diagnostic statements made by a psychiatrist, physician, psychologist, social worker, rehabilitation specialist, educational specialist, occupational therapist, or other professional person in a related discipline; used to assess potential and adaptability.

THERAPEUTIC DIAGNOSIS determines what can be done to remedy a problem without giving attention to the primary cause.

THERAPEUTIC PLAY play activities structured to remedy a psychological or physical problem.

THERAPEUTIC TEAM a multi-disciplinary team who works together to plan and develop services for a person with special needs.

THERAPIST TEACHER a teacher who works primarily with behavior change but also maintains an educational program.

THERAPY any method used to treat a disease or condition, physical or psychological.

TIC spasmodic moving or twitching muscles.

TILDE diacritical mark.

TIME-OUT PROCEDURE a period of time in which a person is removed from a potentially positively reinforcing environment; may involve isolation.

TIME-OUT ROOM a room away from the regular classroom in which the child receives no reinforcement and is allowed to gain control of himself.

TINNITIS ringing in the ear.

TOKEN a symbol of having accomplished something; to be exchanged for some tangible object; technique used in behavior modification.

TOLERANCE LEVEL level at which performance is accomplished without effort.

TONIC a muscle contraction to keep the muscle taut but with no movement.

TONUS a partial muscle contraction leading to a firm or rigid muscle.

TOTAL CARE FACILTY 24-hour a day care facility that meets the total needs of an individual.

TOTAL COMMUNICATION an education program for the deaf which incorporates oral methods of communication to insure effective communication among hearing-impaired persons.

TOUCH CONTROL a method of physically touching a child to affect behavior.

TOXIC PSYCHOSIS psychosis caused by drugs or chemicals produced by the body or induced into the body.

TOXOPLASMOSIS, CONGENITAL disease communicated to fetus from mother; frequently manifest by a syndrome consisting of chorioretinitis, cerebral calcification, mental retardation, convulsions, and hydrocephalus or microcephaly when acquired postnatally; can be a relatively common inapparent infection.

TRAINABLE MENTALLY RETARDED term used to describe an individual whose IQ is between 25 and 50; educational emphasis is on self-help and vocational skills.

TRAINING sequential design of services to lead to acquisition of skills needed to function as a member of society.

TRANSFERENCE in psychology, the process of transferring feelings and attitudes of an individual to significant others in his life.

TRANSFER OF TRAINING the effect of learning one thing upon the learning of another; some persons who are mentally retarded or learning disabled are believed to have more difficulty in transfer of training than their age peers; see positive transfer and negative transfer.

TRANSLOCATION a type of Down's syndrome in which the extra chromosome in the 21st pair attaches to another chromosomal pair.

TRANSPORTATION SERVICES specialized transportation provided to individual receiving public services.

TRAUMA an experience that inflicts serious damage to the organism either psychologically or physiologically.

TRAUMATIC EXPERIENCE an experience that inflicts serious damage to the organism either psychologically or physiologically.

TREATMENT provision of specific physical, mental, social interventions and therapies to control or reverse a malfunction.

TREMOR trembling of any part of the body; may be limbs, hands, fingers, or toes.

TREMOR CEREBRAL PALSY a rare type of cerebral palsy characterized by rhythmic, involuntary movement of certain muscles.

TRIPLEGIA medical term referring to paralysis of three of the body's limbs.

TRISOMY 21 condition in which the 21st pair of chromosomes has an extra chromosome attached, causing mongolism.

TUBERCULOSIS an infectious disease resulting in tissue damage, usually in the lungs.

TUBEROUS SCLEROSIS a syndrome which consists of adenoma sebaceum, seizures, and mental retardation of varying degrees; may be autosomal dominant or a recessive type of inheritance; same as Bourneville's disease and epiloia.

TUNNEL VISION describes the phenomena experienced when an individual sees only that which is in his immediate area.

TYMPANIC MEMBRANE tissue between the outer and middle ear which vibrates to transmit sound; eardrum.

U

UNCONSCIOUS a psychoanalytic concept; that portion of the mind that influences the individual's thinking and actions of which we are not consciously aware.

UNDERACHIEVER an individual whose performance is not as expected from certain known characteristics or from measured intelligence.

UNGRADED an obsolete term used to describe a class that is not organized on the basis of grade or has no standard grade designation.

UNILATERAL one-sided; using only one side of the body.

UNINHIBITED lack of normal social restraints; unsocialized; not able to deal appropriately with groups of people.

UNIVERSITY AFFILIATED FACILITY a university-based interdisciplinary program used to develop skilled manpower in the field of mental retardation and other developmental disabilities.

UVULA the lobe attached to the soft palate above the back of the tongue.

V

VARIABLE REINFORCEMENT random reinforcement used after a number of behavior acts with varying time between acts.

VELOPHARYNGEAL INCOMPETENCE unable to build up air pressure in the oral cavity to articulate sounds.

VELUM the soft palate in the roof of the mouth.

VERBAL EXPRESSION ability to express concepts verbally in a discrete, relevant, and approximately factual manner understandable by others.

VERBALISM (Verbal Unreality) used to describe a blind persons' reliance on words; not consistent with his sensory experience.

VERBAL TEST an intelligence test or sub-test which requires the use of language to respond to tasks.

VESTIBULAR MECHANISM three soft semicircular canals in the inner ear; filled with fluid.

VIBROTACTILE PULSER machine that delivers a rhythmic pulse to the palm; used in behavior modification and speed reading.

VINELAND SOCIAL MATURITY SCALE a rating scale of adaptive behavior; rates the routine performance of everyday behaviors.

VISION SCREENING sampling of visual skills to locate visual problems.

VISITING TEACHER a teacher who provides home or hospital instruction to sick children.

VISUAL ASSOCIATION relating visual symbols in a meaningful way.

VISUAL CLASSIFICATION AND GROUPING a process which gives meaning, organization, and structure to the visual field; related to the physiological and psychological maturation of the viewer.

VISUAL CLOSURE a person's ability to identify a missing visual component.

VISUAL DISCRIMINATION to visually discern likenesses and differences.

VISUAL EFFICIENCY SCALE developed by Barraga (1970) to assess visual functioning; measures discrimination of light-dark, size, and position in space.

VISUAL FUSION refers to coordination of separate images in the two eyes into one image.

VISUAL MEMORY ability to reproduce a sequence of visual stimuli from memory.

VISUAL-MOTOR ABILITY ability to visually integrate parts into whole and coordinate hand-eye movements.

VISUAL RECEPTION ability to attain meaning from visual symbols.

VISUAL SEQUENTIAL MEMORY ability to reproduce sequences of visual items from memory.

VITREOUS HUMOR in the eye between the eyeball and retina; a transparent gelatinous substance.

VOCATIONAL ADJUSTMENT TRAINING focuses on the development of adjustment to work rather than the development of a particular skill; may be achieved by long-term exposure to a real work situation stressing personal and social skills; the development of work tolerance, appropriate work habits, and emotional stability in responding to work pressures.

W

WHOOPING COUGH	an infectious disease affecting the respiratory tract; characterized by coughing that sounds like whooping or crowing.
WITHDRAWAL	pulling away to avoid a potentially unpleasant situation.
WORD RECOGNITION	an individual's ability to recognize words at sight.
WRITTEN EXPRESSION	one's ability to express oneself using written language.

XYZ

X CHROMOSOME	sex chromosome; genes produce female characteristics in humans; generally occur in pairs in females and singly in males.
XENOPHOBE	an individual who expresses an unduly fearful attitude of strangers.
Y CHROMOSOME	sex chromosome; genes produce male characteristics in humans; occurs singly and only in males.
YOUTH	a period of development; early life.
ZYGOMORPHIC	possession of bilateral symmetry.
ZYGOTE	the organism which develops from a cell formed by the union of two gametes.
ZYGOTENE	synaptic stage in meiosis.
ZYMOSIS	process which supposedly produces infectious and contagious diseases.

SECTION 2

84.3 Definitions.

As used in this part, the term:

(a) "The Act" means the Rehabilitation Act of 1973, Pub. L. 93-112, as amended by the Rehabilitation Act Amendments of 1974, Public Law 93-516, 29 U.S.C. 794.

(b) "Section 504" means section 504 of the Act.

(c) "Education of the Handicapped Act" means that statute as amended by the Education for All Handicapped Children Act of 1975, Pub. L. 94-142, 20 U.S.C. 1401 et seq.

(d) "Department" means the Department of Health, Education, and Welfare.

(e) "Director" means the Director of the Office for Civil Rights of the Department.

(f) "Recipient" means any state or its political subdivision, any instrumentality of a state or its political subdivision, any public or private agency, institution, organization, or other entity, or any person to which Federal financial assistance is extended directly or through another recipient, including any successor, assignee, or transferee of a recipient, but excluding the ultimate beneficiary of the assistance.

(g) "Applicant for assistance" means one who submits an application, request, or plan required to be approved by a Department official or by a recipient as a condition to becoming a recipient.

(h) "Federal financial assistance" means any grant, loan, contract (other than a procurement contract or a contract of insurance or guaranty), or any other arrangement by which the Department provides or otherwise makes available assistance in the form of:

(1) Funds;

(2) Services of Federal personnel; or

(3) Real and personal property or any interest in or use of such property, including:

(i) Transfers or leases of such property for less than fair market value or for reduced consideration; and
(ii) Proceeds from a subsequent transfer or lease of such property if the Federal share of its fair market value is not returned to the Federal Government.

(i) "Facility" means all or any portion of buildings, structures, equipment, roads, walks, parking lots, or other real or personal property or interest in such property.

(j) "Handicapped person."

(1) "Handicapped persons" means any person who (i) has a physical or mental impairment which substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment.

(2) As used in paragraph (j)(1) of this section, the phrase:

(i) "Physical or mental impairment" means (A) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or (B) any mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

(ii) "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

(iii) Has a record of such an impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

(iv) "Is regarded as having an impairment" means (A) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (B) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment; or (C) has none of the impairments defined in paragraph (j)(2)(i) of this section but is treated by a recipient as having such an impairment.

(k) "Qualified handicapped person" means:

(1) With respect to employment, a handicapped person who, with reasonable accommodation, can perform the essential functions of the job in question:

(2) With respect to public preschool, elementary, secondary, or adult educational services, a handicapped person (i) of an age during which nonhandicapped persons are provided such services, (ii) of any age during which it is mandatory under state law to provide such services to handicapped persons, or (iii) to whom a state is required to provide a free appropriate public education under Section 612 of the Education of the Handicapped Act; and

(3) With respect to postsecondary and vocational education services, a handicapped person who meets the academic and technical standards requisite to admission or participation in the recipient's education program or activity;

(4) With respect to other services, a handicapped person who meets the essential eligibility requirements for the receipt of such services.

(l) Handicap" means any condition or characteristic that renders a person a handicapped person as defined in paragraph (j) of this section.

SECTION 3

121a.4 Free appropriate public education.

As used in this part, the term "free appropriate public education" means special education and related services which:

(a) Are provided at public expense, under public supervision and direction, and without charge.

(b) Meet the standards of the State educational agency, including the requirements of this part,

(c) Include preschool, elementary school, or secondary school education in the State involved, and

(d) Are provided in conformity with an individualized education program which meets the requirements under 121a.340-121a.349 of Subpart C.

(20 U.S.C. 1401 (18).

121a.5 Handicapped Children

(a) As used in this part, the term "handicapped children" means those children evaluated in accordance with 121a.530-121a.534 as being mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped, or as having specific learning disabilities, who because of those impairments need special education and related services.

(b) The terms used in this definition are defined as follows:

(1) "Deaf" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

(2) "Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.

(3) "Hard of hearing" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.

(4) "Mentally retarded" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

(5) "Multihandicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, et.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The terms does not include deaf-blind children.

(6) "Orthopedically impaired" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis,

bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

(7) "Other health impaired" means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, *lead poisoning, leukemia, or diabetes*, which adversely affects a child's educational performance.

(8) "Seriously emotionally disturbed" is defined as follows:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

(A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(C) Inappropriate types of behavior or feelings under normal circumstances;

(D) A general pervasive mood of unhappiness or depression; or

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

(9) "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or of environmental, cultural, or economic disadvantage.

(10) "Speech impaired" means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance.

(11) "Visually handicapped" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

(20 U.S.C. 1401(1), (15).)

121a.6 Include.

As used in this part, the term "include" means that the items named are not all of the possible items that are covered, whether like or unlike the ones named.

(20 U.C.S. 1417(b).)

121a.7 Intermediate educational unit.

As used in this part, the term "intermediate educational unit" means any public authority, other than a local educational agency, which:

(a) Is under the general supervision of a State educational agency;

(b) Is established by State law for the purpose of providing free public education on a regional basis;; and

(c) Provides special education and related services to handicapped children within that State.

(20 U.S.C. 1401(22).)

121a.8 Local educational agency.

(a) As used in this part, the term "local educational agency" means a public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for public elementary or secondary schools in a city, county, township, school district, or other political subdivision of a State, or such combination of school districts or counties as are recognized in a State as an administrative agency for its public elementary or secondary schools. Such term also includes any other public institution or agency having administrative control and direction of public elementary or secondary school.

(b) For the purpose of this part, the term "local educational agency" also includes intermediate educational units.

(20 U.S.C. 1401 (8).)

121a.9 Native language.

As used in this part, the term "native language" has the meaning given that term by section 703(a)(2) of the Bilingual Education Act, which provides as follows:

> The term "native language", when used with reference to a person of limited English-speaking ability, means the language normally used by that person, or in the case of a child, the language normally used by the parents of the child.

(20 U.S.C. 880b-1(a)(2); 1401(21).)

Comment. Section 602(21) of the Education of the Handicapped Act states that the term "native language" has the same meaning as the definition from the Bilingual Education Act. (The term is used in the prior notice and evaluation sections under 121a.505(b) and 121a.532(a)(1) of Subpart E.) In using the terms, the Act does not prevent the following means of communication:

(1) In all direct contact with a child (including evaluation of the child), communication would be in the language normally used by the child and not that of the parents, if there is a difference between the two.

(2) If a person is deaf or blind, or has no written language, the mode of communication would be that normally used by the person (such as sign language, braille, or oral communication).

121a.10 Parent.

As used in this part, the term "parent" means a parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed in accordance with 121a.514. The term does not include the State if the child is a ward of the State.

(20 U.S.C. 1415).

Comment. The term "parent" is defined to include persons acting in the place of a parent, such as a grandmother or stepparent with whom a child lives, as well as persons who are legally responsible for a child's welfare.

121a.11 Public agency.

As used in this part, the term "public agency" includes the State educational agency, local educational agencies, intermediate educational units, and any other political subdivisions of the State which are responsible for providing education to handicapped children.

(20 U.S.C. 1412(2)(B); 1416(6); 1413(a).)

121a.12 Qualified.

As used in this part, the term "qualified" means that a person has met State educational agency approved or recognized certification, licensing, registration, or other comparable requirements which apply to the area in which he or she is providing special education or related services.

(20 U.S.C. 1417(b).)

121a.13 Related services.

(a) As used in this part, the term "related services" means transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training.

(b) The terms used in this definition are defined as follows:

(1) "Audiology" includes:

(i) Identification of children with hearing loss:

(ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;

(iii) Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation;

(iv) Creation and administration of programs for prevention of hearing loss;

(v) Counseling and guidance of pupils, parents, and teachers regarding hearing loss; and

(vi) Determination of the child's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

(2) "Counseling services" means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

(3) "Early identification" means the implementation of a formal plan for identifying a disability as early as possible in a child's life.

(4) "Medical services" means services provided by a licensed physician to determine a child's medically related handicapped condition which results in the child's need for special education and related services.

(5) "Occupational therapy" includes:

(i) Improving, developing or restoring functions impaired or lost; and

(ii) Improving ability to perform tasks for independent functioning when functions are impaired or lost; and

(iii) Preventing, through early intervention, initial or further impairment or loss of function.

(6) "Parent counseling and training" means assisting parents in understanding the special needs of their child and providing parents with information about child development.

(7) "Physical therapy" means services provided by a qualified physical therapist.

(8) "Psychological services" include:

(i) Administering psychological and educational tests, and other assessment procedures:

(ii) Interpreting assessment results;

(iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning.

(iv) Consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations; and

(v) Planning and managing a program of psychological services, including psychological counseling for children and parents.

(9) "Recreation" includes:

(i) Assessment of leisure function;

(ii) Therapeutic recreation services;

(iii) Recreation programs in schools and community agencies; and

(iv) Leisure education.

(10) "School health services" means serviced provided by a qualified school nurse or other qualified person.

(11) "Social work services in schools" include:

(i) Preparing a social or developmental history on a handicapped child;

(ii) Group and individual counseling with the child and family;

(iii) Working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school; and

(iv) Mobilizing school and community resources to enable the child to receive maximum benefit from his or her educational program.

(12) "Speech pathology" includes:

(i) Identification of children with speech or language disorders;

(ii) Diagnosis and appraisal of specific speech or language disorders;

(iii) Referral for medical or other professional attention necessary for the habilitation of speech or language disorders;

(iv) Provisions of speech and language services for the habilitation or prevention of communicative disorders; and

(v) Counseling and guidance of parents, children, and teachers regarding speech and language disorders.

(13) "Transportation" includes:

(i) Travel to and from school and between schools,

(ii) Travel in and around school buildings, and

(iii) Specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a handicapped child.

(20 U.S.C. 1401(17).)

Comment. With respect to related services, the Senate Report states:

> The Committee bill provides a definition of "related services," making clear that all such related services may not be required for each individual child and that such term includes early identification and assessment of handicapped conditions and the provision of services to minimize the effects of such conditions.

(Senate Report No. 94-168, p. 12 (1975).)

The list of related services is not exhaustive and may include other developmental, corrective, or supportive services (such as artistic and cultural programs, and art, music, and dance therapy), if they are required to assist a handicapped child to benefit from special education.

There are certain kinds of services which might be provided by persons from varying professional backgrounds and with a variety of operational titles, depending upon requirements in individual States. For example, counseling services might be provided by social workers, psychologists, or guidance counselors; and psychological testing might be done by qualified psychological examiners, psychometrists, or psychologists, depending upon State standards.

Each related service defined under this part may include appropriate administrative and supervisory activities that are necessary for program planning, management, and evaluation.

121a.14 Special education.

(a)(1) As used in this part, the term "special education" means specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

(2) The term includes speech pathology, or any other related service, if the service consists of specially designed instruction at no cost to the parents, to meet the unique needs of a handicapped child, and is considered "special education" rather than a "related service" under State standards.

(3) The term also includes vocational education if it consists of specially designed instruction, at no cost to the parents, to meet the unique needs of a handicapped child.

(b) The terms in this definition are defined as follows:

(1) "At no cost" means that all specially designed instruction is provided without charge, but does not preclude incidental fees which are normally charged to non-handicapped students or their parents as a part of the regular education program.

(2) "Physical education" is defined as follows:

(i) The term means the development of:

(A) Physical and motor fitness:

(B) Fundamental motor skills and patterns; and

(C) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).

(ii) The term includes special physical education, adapted physical education, movement education, and motor development.

(20 U.S.C. 1401(16).)

(3) "Vocational education" means organized educational programs which are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree.

(20 U.S.C. 1401 (16).)

Comment. (1) The definition of "special education" is a particularly important one under these regulations, since a child is not handicapped unless he or she needs special education. (See the definition of "handicapped children" in section 121a.5.) The definition of "related services" (section 121a.13) also depends on this definition, since a related service must be necessary for a child to benefit from special education, there can be no "related services," and the child (because not "handicapped") is not covered under the Act.

(2) The above definition of vocational education is taken from the Vocational Education Act of 1963, as amended by Pub. L. 94-482. Under that Act, "vocational education" includes industrial arts and consumer and homemaking education programs.

121a.15 State.

As used in this part, the term "State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Virginia Islands, and the Trust Territory of the Pacific Islands.

(20 U.S.C. 1401(6).)

121a.320 Definitions of "first priority children" and "second priority children."

For the purpose of 121a.321-121a.324, the term:

(a) "First priority children" means handicapped children who:

(1) Are in an age group for which the State must make available free appropriate public education under 121a.300; and

(2) Are not receiving any education.

(b) "Second priority children" means handicapped children, within each disability, with the most severe handicaps who are receiving an inadequate education.

(20 U.S.C. 1412(3).)

Comment. After September 1, 1978, there should be no second priority children, since States must insure, as a condition of receiving Part B funds for fiscal year 1979, that all handicapped children will have available a free appropriate public education by that date.

Note.--The term "free appropriate public education," as defined in 121a.4 of Subpart A, means "special education and related services which * * * are provided in conformity with an individualized education program * * * ."

New "First priority children" will continue to be found by the State after September 1, 1978 through on-going efforts to identify, locate, and evaluate all handicapped children.

121a.340 Definition.

As used in this part, the term "individualized education program" means a written statement for a handicapped child that is developed and implemented in accordance with 121a.341-121a.349.

(20 U.S.C. 1401(19).)

121a.341 State educational agency responsibility.

(a) **Public agencies.** The State educational agency shall insure that each public agency develops and implements an individualized education program for each of its handicapped children.

(b) **Private schools and facilities.** The State educational agency shall insure that an individualized education program is developed and implemented for each handicapped child who:

(1) Is placed in or referred to a private school or facility by a public agency; or

(2) Is enrolled in a parochial or other private school and receives special education or related services from a public agency.

(20 U.S.C. 1412 (4), (6); 1413(a)(4).)

Comment. This section applies to all public agencies, including other State agencies (e.g., departments of mental health and welfare), which provide special education to a handicapped child either directly, by contract or through other arrangements. Thus, if a State welfare agency contracts with a private school or facility to provide special education to a handicapped child, that agency would be responsible for insuring that an individualized education program is developed for the child.

121a.342 When individualized education programs must be in effect.

(a) On October 1, 1977, and at the beginning of each school year thereafter, each public agency shall have in effect an individualized education program for every handicapped child who is receiving special education from that agency.

(b) An individualized education program must:

(1) Be in effect before special education and related services are provided to a child; and

(2) Be implemented as soon as possible following the meetings under 121a.343.

(20 U.S.C. 1412 (2)(B), (4), (6); 1414(a)(5); Pub. L. 94-142, Sec. 8(c) (1975).)

Comment. Under paragraph (b)(2), it is expected that a handicapped child's individualized education program (IEP) will be implemented immediately following the meetings under 121a.343. An exception to this would be (1) when the meetings occur during the summer or a vacation period, or (2) where there are circumstances which require a short delay (e.g., working out transportation arrangements). However, there can be no undue delay in providing special education and related services to the child.

121a.343 Meetings.

(a) **General.** Each public agency is responsible for initiating and conducting meetings for the purpose of developing, reviewing, and revising a handicapped child's individualized education program.

(b) **Handicapped children currently served.** If the public agency has determined that a handicapped child will receive special education during school year 1977-1978, a meeting must be held early enough to insure that a individualized education program is developed by October 1, 1977.

(c) **Other handicapped children.** For a handicapped child who is not included under paragraph (b) of this action, a meeting must be held within thirty calendar days of a determination that the child needs special education and related services.

(d) **Review.** Each public agency shall initiate and conduct meetings to periodically review each child's individualized education program and if appropriate revise its provisions. A meeting must be held for this purpose at least once a year.

(20 U.S.C. 1412 (2)(B), (4), (6); 1414(a)(5).)

Comment. The dates on which agencies must have individualized education programs (IEPs) in effect are specified in 121a.342 (October 1, 1977, and the beginning of each school year thereafter). However, except for new handicapped children (i.e., those evaluated and determined to need special education after October 1, 1977), the timing of meetings to develop, review, and revise IEPs is left to the discretion of each agency.

In order to have IEPs in effect by the dates in 121a.342, agencies could hold meetings at the end of the school year or during the summer preceding those dates. In meeting the October 1, 1977 timeline, meetings could be conducted up through the October 1 date. Thereafter, meetings may be held any time throughout the year, as long as IEPs are in effect at the beginning of each school year.

The statute requires agencies to hold a meeting at least once each year in order to review, and if appropriate revise each child's IEP. The timing of those meetings could be on the anniversary date of the last IEP meeting on the child, but this is left to the discretion of the agency.

121a.344 Participants in meetings.

(a) **General.** The public agency shall insure that each meeting includes the following participants:

(1) A representative of the public agency, other than the child's teacher, who is qualified to provide, or supervise the provision of, special education.

(2) The child's teacher.

(3) One or both of the child's parents, subject to 121a.345.

(4) The child, where appropriate.

(5) Other individuals at the discretion of the parent or agency.

(a) **Evaluation personnel.** For a handicapped child who has been evaluated for the first time, the public agency shall insure:

(1) That a member of the evaluation team participates in the meeting; or

(2) That the representative of the public agency, the child's teacher, or some other person is present at the meeting, who is knowledgeable about the evaluation procedures used with the child and is familiar with the results of the evaluation.

(U.S.C. 1401(19); 1412 (2)(B), (4), (6); 1414(a)(5).)

Comment. 1. In deciding which teacher will participate in meetings on a child's individualized education program, the agency may wish to consider the following possibilities:

(a) For a handicapped child who is receiving special education, the "teacher" could be the child's special education teacher. If the child's handicap is a speech impairment, the "teacher" could be the speech-language pathologist.

(b) For a handicapped child who is being considered for placement in special education, the "teacher" could be the child's regular teacher, or a teacher qualified to provide education in the type of program in which the child may be placed, or both.

(c) If the child is not in school or has more than one teacher, the agency may designate which teacher will participate in the meeting.

2. Either the teacher or the agency representative should be qualified in the area of the child's suspected disability.

3. For a child whose primary handicap is a speech impairment, the evaluation personnel participating under paragraph (b)(1) of this section would normally be the speech-language pathologist.

121a.345 Parent participation.

(a) Each public agency shall take steps to insure that one or both of the parents of the handicapped child are present at each meeting or are afforded the opportunity to participate, including:

(1) Notifying parents of the meeting early enough to insure that they will have an opportunity to attend; and

(2) Scheduling the meeting at a mutually agreed on time and place.

(b) The notice under paragraph (a)(1) of this section must indicate the purpose, time, and location of the meeting, and who will be in attendance.

(c) If neither parent can attend, the public agency shall use other methods to insure parent participation, including individual or conference telephone calls.

(d) A meeting may be conducted without a parent in attendance if the public agency is unable to convince the parents that they should attend. In this case the public agency must have a record of its attempts to arrange a mutually agreed on time and place such as:

(1) Detailed records of telephone calls made or attempted and the results of those calls.

(2) Copies of correspondence sent to the parents and any responses received, and

(3) Detailed records of visits made to the parent's home or place of employement and the results of those visits.

(e) The public agency shall take whatever action is necessary to insure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English.

(f) The public agency shall give the parent, on request, a copy of the individualized education program.

(20 U.S.C. 1401(19); 1412 (2)(B), (4), (6); 1414(a)(5).)

Comment. The notice in paragraph (a) could also inform parents that the may bring other people to the meeting. As indicated in paragraph (c), the procedure used to notify parents (whether oral or written or both) is left to the discretion of the agency, but the agency must keep a record of its efforts to contact parents.

121a.346 Content of individualized education program.

The individualized education program for each child must include:

(a) A statement of the child's present levels of educational performance;

(b) A statement of annual goals, including short term instructional objectives;

(c) A statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in regular educational programs;

(d) The projected dates for initiation of services and the anticipated duration of the services; and

(e) Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved.

(20 U.S.C. 1401(19); 1412 (2)(B), (4), (6), 1414 (a)(5); Senate Report No. 94-168, p. 11 (1975).

121a.347 Private school placements.

(a) **Developing individualized education programs.**

(1) Before a public agency places a handicapped child in, or refers a child to, a private school or facility, the agency shall initiate and conduct a meeting to develop an individualized education program for the child in accordance with 121a.343.

(2) The agency shall insure that a representative of the private school facility attends the meeting. If the representative cannot attend, the agency shall use other methods to insure participation by the private school or facility, including individual or conference telephone calls.

(3) The public agency shall also develop an individualized educational program for each handicapped child who was placed in a private school or facility by the agency before the effective date of these regulations.

(b) **Reviewing and revising individualized education programs.**

(1) After a handicapped child enters a private school or facility, any meetings to review and revise the child's individualized education program may be initiated and conducted by the private school or facility at the discretion of the public agency.

(2) If the private school or facility initiates and conducts these meetings, the public agency shall insure that the parents and an agency representative:

(i) Are involved in any decision about the child's individualized education program; and

(ii) Agree to any proposed changes in the program before those changes are implemented.

(c) **Responsibility.** Even if a private school or facility implements a child's individualized education program, responsibility for compliance with this part remains with the public agency and the State educational agency.

(20 U.S.C. 1413(a)(4)(B).)

121a.348 Handicapped children in parochial or other private schools.

If a handicapped child is enrolled in a prochial or other private school and receives special education or related services from a public agency, the public agency shall:

(a) Initiate and conduct meetings to develop, review, and revise an individualized education program for the child, in accordance with 121a.343; and

(b) Insure that a representative of the parochial or other private school attends each meeting. If the representative cannot attend, the agency shall use other methods to insure participation by the private school, including individual or conference telephone calls.

(20 U.S.C. 1419(a)(4)(A).)

121a.349 Individualized education program--accountability.

Each public agency must provide special education and related services to a handicapped child in accordance with an individualized education program. However, Part B of the Act does not require that any agency, teacher, or other person be held accountable if a child does not achieve the growth projected in the annual goals and objectives.
(20 U.S.C. 1412(2)(B); 1414(a) (5), (6); Cong. Rec. at H 7152 (daily ed., July 21, 1975).)

Comment. This section is intended to relieve concerns that the individualized education program constitutes a guarantee by the public agency and the teacher that a child will progress at a specified rate. However, this section does not relieve agencies and teachers from making good faith efforts to assist the child in achieving the objectives and goals listed in the individualized education program. Further, the section does not limit a parent's right to complain and ask for revisions of the child's program, or to invoke due process procedures, if the parent feels that these efforts are not being made.

121a.370 Use of State educational agency allocation for direct and support services.

(a) The State shall use the portion of its allocation it does not use for administration to provide support services and direct services in accordance with the priority requirements under 121a.320-121a.324.

(b) For the purposes of paragraph (a) of this section:

(1) "Direct services" means services provided to a handicapped child by the State directly, by contract, or through other arrangements.

(2) "Supportive services" includes implementing the comprehensive system of personnel development under 121a.380-121a.388, recruitment and training of hearing officers and surrogate parents, and public information and parent training activities relating to a free appropriate public education for handicapped children.

(3) 121a.450 Applicability of 121a.451-121a.460 as used in 121a.451-121a.460, "private school handicapped children" means handicapped children enrolled in private schools or facilities other than handicapped children covered under 121a.400-121a.403.

(20 U.S.C. 1413(a)(4)(A).)

121a.500 Definitions of "consent", "evaluation", and "personally identifiable".

As used in this part: "Consent" means that:

(a) The parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication;

(b) The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) which will be released and to whom; and

(c) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

"Evaluation" means procedures used in accordance with 121a.530-121a.534 to determine whether a child is handicapped and the nature and extent of the special education and related services that the child needs. The term means procedures used selectively with an individual child and does not include basic tests administered to or procedures used with all children in a school, grade, or class.

"Personally identifiable" means that information includes:

(a) The name of the child, the child's parent, or other family member;

(b) The address of the child

(c) A personal identifier, such as the child's social security number or student number; or

(d) A list of personal characteristics or other information which would make it possible to identify the child with reasonable certainty.

(20 U.S.C. 1415, 1417 (c).)

PROTECTION IN EVALUATION PROCEDURES

121a.530 General.

(a) Each State educational agency shall insure that each public agency establishes and implements procedures which meet the requirements of 121a.530-121a.534.

(b) Testing and evaluation materials and procedures used for the purposes of evaluation and placement of handicapped children must be selected and administered so as not to be racially or culturally discriminatory.

(20 U.S.C. 1412(5)(C).)

121a.531 Preplacement evaluation.

Before any action is taken with respect to the initial placement of a handicapped child in a special education program, a full and individual evaluaton of the child's educational needs must be conducted in accordance with the requirements of 121a.532.

(20 U.S.C. 1412(5)(C).)

121a.532 Evaluation procedures.

State and local educational agencies shall insure, at a minimun, that:

(a) Tests and other evaluation materials:

(1) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so;

(2) Have been validated for the specific purpose for which they are used; and

(3) Are administered by trained personnel in conformance with the instructions provided by their producers;

(b) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;

(c) Tests are selected and administered so as best to ensure that when a test is administered to a child with impaire sensory, manual, or speaking skills, the test results accurately reflects the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure);

(d) No single procedure is used as the sole criterion for determining an appropriate educational program for a child; and

(e) The evaluation is made by a multidisciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability.

(f) The child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

(20 U.S.C. 1412(5)(C).)

Comment. Children who have a speech impairment as their primary handicap may not need a complete battery of assessments (e.g., psychological, physical, or adaptive behavior). However, a qualified speech-language pathologist would (1) evaluate each speech impaired child using procedures that are appropriate for the diagnosis and appraisal of speech and language disorders, and (2) where necessary, make referrals for additional assessments needed to make an appropriate placement decision.

121a.533 Placement procedures.

(a) In interpreting evaluation data and in making placement decisions, each public agency shall:

(1) Draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior;

(2) Insure that information obtained from all of these sources is documented and carefully considered;

(3) Insure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and

(4) Insure that the placement decision is made in conformity with the least restrictive environment rules in 121a.550-121a.554.

(b) If a determination is made that a child is handicapped and needs special education and related services, an individualized education program must be developed for the child in accordance with 121a.340-121a.349 of Subpart C.

(20 U.S.C. 1412(5)(C); 1414(a)(5).)

Comment. Paragraph (a)(1) includes a list of examples of sources that may be used by a public agency in making placement decisions. The agency would not have to use all the sources in every instance. The point of the requirement is to insure that more than one source is used in interpreting evaluation data and in making placement decisions. For example, while all of the named sources would have to be used for a child whose suspected disability is mental retardation, they would not be necessary for certain other handicapped children, such as a child who has a severe articulation disorder as his primary handicap. For such a child, the speech-language pathologist, in complying with the multisource requirement, might use (1) a standardized test of articulation, and (2) observation of the child's articulation behavior in conversational speech.

121a.534 Reevaluation.

Each State and local educational agency shall insure:

(a) That each handicapped child's individualized education program is reviewed in accordance with 121a.340-121a.349 of Subpart C, and

(b) That an evaluation of the child, based on procedures which meet the requirements under 121a.532, is conducted every three years or more frequently if conditions warrant or if the child's parent or teacher requests an evaluation.

(20 U.S.C. 1412(5)(c).)

121a.503 Independent educational evaluation.

(a) **General.**

(1) The parents of a handicapped child have the right under this part to obtain an independent educational evaluation of the child, subject to paragraphs (b) through (e) of this section.

(2) Each public agency shall provide to parents, on request, information about where an independent educational evaluation may be obtained.

(3) For the purposes of this part:

(i) "Independent educational evaluation" means an evaluation conducted by a qualified examiner who is not employed by the public agency responsible for the education of the child in question.

(ii) "Public expense" means that the public agency either pays for the full cost of the evaluation or insures that the evaluation is otherwise provided at no cost to the parent consistent with 121a.301 of Subpart C.

(b) **Parent right to evaluation at public expense.** A parent has the right to an independent educational evaluation at public expense if the parent disagrees with an evaluation obtained by the public agency. However, the public agency may initiate a hearing under 121a.506 of this subpart to show that its evaluation is appropriate. If the final decision is that the evaluation is appropriate, the parent still has the right to an independent educational evaluation, but not at public expense.

(c) **Parent initiated evaluations.** If the parent obtains an independent educational evaluation at private expense, the results of the evaluation:

(1) Must be considered by the public agency in any decision made with respect to the provision of a free appropriate public education to the child, and

(2) May be presented as evidence at a hearing under this subpart regarding that child.

(d) **Requests for evaluations by hearing officers.** If a hearing officer requests an independent educational evaluation as part of a hearing, the cost of the evaluation must be at public expense.

(e) **Agency criteria.** Whenever an independent evaluation is at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria which the public agency uses when it initiates an evaluation.

(20 U.S.C. 1415(b)(1)(A).)

121a.560 Definitions.

As used in this subpart:

"Destruction" means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.

"Education records" means the type of records covered under the definition of "education records" in Part 99 of this title (the regulations implementing the Family Educational Rights and Privacy Act of 1974).

"Participating agency" means any agency or institution which collects, maintains, or uses personally identifiable information, or from which information is obtained, under this part.

(20 U.S.C. 1412(2)(D); 1417(c).)

LEAST RESTRICTIVE ENVIRONMENT

121a.550 General.

(a) Each State educational agency shall insure that each public agency establishes and implements procedures which meet the requirements of 121a.550-121a.556.

(b) Each public agency shall insure:

(1) That to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and

(2) That special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

(20 U.S.C. 1412(5)(B); 1414(a)(1)(C)(iv).)

121a.551 Continuum of alternative placements.

(a) Each public agency shall insure that a continuum of alternative placements is available to meet the needs of handicapped children for special education and related services.

(b) The continuum required under paragraph (a) of this section must:

(1) Include the alternative placements listed in the definition of special education under 121a.13 of Subpart A (instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions), and

(2) Make provision for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement.

(20 U.S.C. 1412(5)(B).)

121a.552 Placements.

Each public agency shall insure that:

(a) Each handicapped child's educational placement:

(1) Is determined at least annually,

(2) Is based on his or her individualized education program, and

(3) Is as close as possible to the child's home;

(b) The various alternative placements included under 121a.551 are available to the extent necessary to implement the individualized education program for each handicapped child;

(c) Unless a handicapped child's individualized education program requires some other arrangement, the child is educated in the school which he or she would attend if not handicapped; and

(d) In selecting the least restrictive environment, consideration is given to any potential harmful effect on the child or on the quality of services which he or she needs.

(20 U.S.C. 1412(5)(B).)

Comment. Section 121a.552 includes some of the main factors which must be considered in determining the extent to which a handicapped child can be educated with children who are not handicapped. The overriding rule in this secton is that placement decisions must be made on an individual basis. The section also requires each agency to have various alternative placements available in order to insure that each handicapped child receives an education which is appropriate to his or her individual needs.

The analysis of the regulations for Section 504 of the Rehabilitation Act of 1973 (45 CFR Part 84--Appendix, Paragraph 24) includes several points regarding educational placements of handicapped children which are pertinent to this section:

1. With respect to determining proper placements, the analysis states "* * * it should be stressed that, where a handicapped child is so disruptive in a regular classroom that the education of other students is significantly impaired, the needs of the handicapped child cannot be met in that environment. Therefore regular placement would not be appropriate to his or her needs * * *."

2. With respect to placing a handicapped child in an alternate setting, the analysis states that among the factors to be considered in placing a child is the need to place the child as close to home as possible. Recipients are required to take this factor into account in making placement decisions. The parent's right to challenge the placement of their child extends not only to placement in special classes or separate schools, but also to placement in a distant school, particularly in a residential program. An equally appropriate education program may exist closer to home; and this issue may be raised by the parent under the due process provisions of this subpart.

121a.553 Nonacademic settings.

In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and the services and activities set forth in 121a.306 of Subpart C, each public agency shall insure that each handicapped child participates with nonhandicapped children in those services and activities to the maximum extent appropriate to the needs of that child.

(20 U.S.C. 1412(5)(B).)

Comment. Section 121a.553 is taken from a new requirement in the final regulations for Section 504 of the Rehabilitation Act of 1973. With respect to this requirement, the analysis of the Section 504 Regulations includes the following statement: "[A new paragraph] specifies that handicapped children must also be provided nonacademic services in as integrated a setting as possible. This requirement is especially important for children whose educational needs necessitate their being solely with other handicapped children during most of each day. To the maximum extent appropriate, children in residential settings are also to be provided opportunities for participation with other children." (45 CFR Part 84--Appendix, Paragraph 24.)

REFERENCES FOR DEFINITIONS IN P.L. 94-142

121a.300 Timelines for free appropriate public education.

(a) **General.** Each State shall insure that free appropriate public education is available to all handicapped childen aged three through eighteen within the State not later than September 1, 1978, and to all handicapped children aged three through twenty-one within the State not later than September 1, 1980.

(b) **Age ranges 3-5 and 18-21.** This paragraph provides rules for applying the requirement in paragraph (a) of this section to handicapped children aged three, four, five eighteen, nineteen, twenty, and twenty-one:

(1) If State law or a court order requires the State to provide education for handicapped children in any disability category in any of these age groups, the State must make a free appropriate public education available to all handicapped children of the same age who have that disability.

(2) If a public agency provides education to non-handicapped children in any of these age groups, it must make a free appropriate public education available to at least a proportionate number of handicapped children of the same age.

(3) If a public agency provides education to 50 percent or more of its handicapped children in any disability category in any of these age groups, it must make a free appropriate public education available to all of its handicapped children of the same age who have that disability.

(4) If a public agency provides education to a handicapped child in any of these age groups, it must make a free appropriate public education available to that child and provide that child and his or her parents all of the rights under Part B of the Act and this part.

(5) A State is not required to make a free appropriate public education available to a handicapped child in one of these age groups if:

(i) State law expressly prohibits, or does not authorize, the expenditure of public funds to provide education to non-handicapped children in that age group; or

(ii) The requirement is inconsistent with a court order which governs the provision of free public education to handicapped children in that State.

(20 U.S.C. 1412(2)(B); Sen. Rept. No. 94-168 p. 19 (1975).)

Comment. 1. The requirement to make free appropriate public education available applies to all handicapped children within the State who are in the age ranges required under section 121a.300 and who need special education and related services. This includes handicapped children already in school and children with less severe handicaps, who are not covered under the priorities under 121a.321.

2. In order to be in compliance with 121a.300, each State must insure that the requirement to indentify, locate, and evaluate all handicapped children is fully implemented by public agencies throughout the State. This means that before September 1, 1978, every child who has been referred or is on a waiting list for evaluation (including children in school as well as those not receiving an education) must be evaluated in accordance with 121a.530-121a.533 of Subpart E. If, as a result of the evaluation, it is determined that a child needs special education and related services, an individualized education program must be developed for the child by September 1, 1978, and all other applicable requirements of this part must be met.

3. The requirement to identify, locate, and evaluate handicapped children (commonly referred to as the "child find system") was enacted on August 21, 1974, under Pub. L. 93-380. While each State needed time to establish and implement its child find system, the four year period between August 21, 1974, and September 1, 1978, is considered to be sufficient to insure that the system is fully operational and effective on a State-wide basis.

Under the statute, the age range for the child find requirement (0-21) is greater than the mandated age range for providing free appropriate public education (FAPE). One reason for the broader age requirement under "child find" is to enable States to be aware of and plan for younger children who will require special education and related services. It also ties in with the full educational opportunity goal requirement, which has the same age range as child find. Moreover, while a State is not required to provide "FAPE" to handicapped children below the age ranges mandated under 121a.300, the State may, at its discretion, extend services to those children, subject to the requirements on priorities under 121a.320-121a.324.

121a.301 Free appropriate public education--methods and payments.

(a) Each State may use whatever State, local, Federal, and private sources of support are available in the State to meet the requirements of this part. For example, when it is necessary to place a handicapped child in a residential facility, a State could use joint agreements between the agencies involved for sharing the cost of that placement.

(b) Nothing in this part relieves an insurer or similar third party from an otherwise valid obligation to provide or to pay for services provided to a handicapped child.

(20 U.S.C. 1401(18); 1412(2)(B).)

121a.321 Priorities.

(a) Each State and local educational agency shall use funds provided under Part B or the Act in the following order of priorities:

(1) To provide free appropriate public education to first priority children, including the identification, location, and evaluation of first priority children.

(2) To provide free appropriate public education to second priority children, including the identification, location, and evaluation of second priority children.

(3) To meet the other requirements in this part.

(b) The requirements of paragraph (a) of this section do not apply to funds which the State uses for administration under 121a.620.

(20 U.S.C. 1411 (b)(1)(B), (b)(2)(B), (c)(1)(B), (c)(2)(A)(ii).

(c) State and local educational agencies may not use funds under Part B of the Act for preservice training.

(20 U.S.C. 1413(a)(3); Senate Report No. 94-168, p. 34 (1975).)

Comment. Note that a State educational agency as well as local educational agencies must use Part B funds (except the portion used for State administration) for the priorities. A State may have to set aside a portion of its Part B allotment to be able to serve newly-identified first priority children.

After September 1, 1978, Part B funds may be used:

(1) To continue supporting child identification, location, and evaluation activities;

(2) To provide free appropriate public education to newly identified first priority children;

(3) To meet the full educational opportunities goal required under section 121a.304, including employing additional personnel and providing inservice training, in order to increase the level, intensity and quality of services provided to individual handicapped children; and

(4) To meet the other requirements of Part B.

121a.324 Application of local educational agency to use funds for the second priority.

A local educational agency may use funds provided under Part B of the Act for second priority children, it is provides assurance satisfactory to the State educational agency in its application (or an amendment to its application):

(a) That all first priority children have a free appropriate public education available to them;

(b) That the local educational agency has a system for the identification, location, and evaluation of handicapped children, as described in its application; and

(c) That whenever a first priority child is identified, located, and evaluated, the local educational agency makes available a free appropriate public education to the child.

(20 U.S.C. 1411 (b)(1)(B), (c)(1)(B); 1414 (a)(1)(C)(ii).)

121a.451 State educational agency responsibility.

The State educational agency shall insure that:

(a) To the extent consistent with their number and location in the State, provision is made for the participation of private school handicapped children in the program assisted or carried out under this part by providing them with special education and related services; and

(b) The other requirements in 121a.452-121a.460 are met.

121a.460 Existing level of instruction.

Provisions for serving private school handicapped children may not include the financing of the existing level of instruction in the private schools.

(20 U.S.C. 1413(a)(4)(A).)

121a.504 Prior notice: parent consent.

(a) **Notice.** Written notice which meets the requirements under 121a.505 must be given to the parents of a handicapped child a reasonable time before the public agency:

(1) Proposes to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child, or

(2) Refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child.

(b) **Consent.** (1) Parental consent must be obtained before:

(i) Conducting a preplacement evaluation; and

(ii) Initial placement of a handicapped child in a program providing special education and related services.

(2) Except for preplacement evaluation and initial placement, consent may not be required as a condition of any benefit to the parent or child.

(c) **Procedures where parent refuses consent.** (1) Where State law requires parental consent before a handicapped child is evaluated or initially provided special education and related services, State procedures govern the public agency in overriding a parent's refusal to consent.

(2) (i) Where there is no State law requiring consent before a handicapped child is evaluated or initially provided special education and related services, the public agency may use the hearing procedures in 121a.506-121a.508 to determine if the child may be evaluated or initially provided special education and related services without parental consent.

(ii) If the hearing officer upholds the agency, the agency may evaluate or initially provide special education and related services to the child without the parent's consent, subject to the parent's rights under 121a.510-121a.513.

(20 U.S.C. 1415(b)(1) (C), (D).)

Comment. 1. Any changes in a child's special education program, after the initial placement, are not subject to parental consent under Part B, but are subject to the prior notice requirement in paragraph (a) and the individualized education program requirements in Subpart C.

2. Paragraph (c) means that where State law requires parental consent before evaluation or before special education and related services are initially provided, and the parent refuses (or otherwise withholds) consent, State procedures, such as obtaining a court order authorizing the public agency to conduct the evaluation or provide the education and related services, must be followed.

If, however, there is no legal requirement for consent outside of these regulations, the public agency may use the due process procedures under this subpart to obtain a decision to allow the evaluation or services without parental consent. The agency must notify the parent of its actions, and the parent has appeal rights as well as rights at the hearing itself.

121a.505 Content of notice.

(a) The notice under 121a.504 must include:

(1) A full explanation of all the procedural safeguards available to the parents under Subpart E;

(2) A description of the action proposed or refused by the agency, a explanation of why the agency proposes or refuses to take the action, and a description of any options the agency considered and the reasons why those options were rejected;

(3) A description of each evaluation procedure, test, record, or report the agency uses as a basis for the proposal or refusal; and

(4) A description of any other factors which are relevant to the agency's proposal or refusal.

(b) The notice must be:

(1) Written in language understandable to the general public, and

(2) Provided in the native languae o the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

(c) If the native language or other mode of communication of the parent is not a written language, the State or local educational agency shall take steps to insure:

(1) That the notice is translated orally or by other means to the parent in his or her native language or other mode of communication;

(2) That the parent understands the content of the notice, and

(3) That there is written evidence that the requirements in paragraph (c) (1) and (2) of this section have been met.

(20 U.S.C. 1415(b)(1)(D).)

121a.510 Administrative appeal; impartial review.

(a) If the hearing is conducted by a public agency other than the State educational agency, any party aggrieved by the findings and decision in the hearing may appeal to the State educational agency.

(b) If there is an appeal, the State educational agency shall conduct an impartial review of the hearing. The official conducting the review shall:

(1) Examine the entire hearing record;

(2) Insure that the procedures at the hearing were consistent with the requirements of due process;

(3) Seek additional evidence if necessary. If a hearing is held to receive additional evidence, the rights in 121a.508 apply;

(4) Afford the parties an opportunity for oral or written argument, or both, at the discretion of the reviewing official;

(5) Make an independent decision on completion of the review; and

(6) Give a copy of written findings and the decision to the parties.

(c) The decision made by the reviewing official is final, unless a party brings a civil action under 121a.512.

(20 U.S.C. 1415(c), (d); H. Rep. No. 94-664, at p. 49 (1975).)

Comment. 1. The State educational agency may conduct its review either directly or through another State agency acting on its behalf. However, the State educational agency remains responsible for the final decision or review.

2. All parties have the right to continue to be represented by counsel at the State administrative review level, whether or not the reviewing official determines that a further hearing is necessary. If the reviewing official decides to hold a hearing to receive additional evidence, the other rights in section 121a.508, relating to hearings, also apply.

121a.511 Civil action.

Any party aggrieved by the findings and decision made in a hearing who does not have the right to appeal under 121a.510 of this subpart, and any party aggrieved by the decision of a reviewing officer under 121a.510 has the right to bring a civil action under section 615 (e) (2) of the Act.

(20 U.S.C. 1415.)

121a.512 Timelines and convenience of hearings and reviews.

(a) The public agency shall insure that not later than 45 days after the receipt of a request for a hearing;

(1) A final decision is reached in the hearing; and

(2) A copy of the decision is mailed to each of the parties.

(b) The State educational agency shall insure that not later than 30 days after the receipt of a request for a review;

(1) A final decision is reached in the review; and

(2) A copy of the decision is mailed to each of the parties.

(c) A hearing or reviewing officer may grant specific extensions of time beyond the periods set out in paragraphs (a) and (b) of this section at the request of either party.

(d) Each hearing and each review involving oral arguments must be conducted at a time and place which is reasonably convenient to the parents and child involved.

(20 U.S.C. 1415.)

121a.513 Child's status during proceedings.

(a) During the pendency of any administrative or judicial proceeding regarding a complaint, unless the public agency and the parents of the child agree otherwise, the child involved in the complaint must remain in his or her present educational placement.

(b) If the complaint involves an application for initial admission to public school, the child, with the consent of the parents, must be placed in the public school program until the completion of all the proceedings.

(20 U.S.C. 1415(e)(3).)

Comment. Section 121a.513 does not permit a child's placement to be changed during a complaint proceeding, unless the parents and agency agree otherwise. While the placement may not be changed, this does not preclude the agency from using its normal procedures for dealing with children who are endangering themselves or others.

121a.514 Surrogate parents.

(a) **General.** Each public agency shall insure that the rights of a child are protected when:

(1) No parent (as defined in 121a.10) can be identified

(2) The public agency, after reasonable efforts, cannot discover the whereabouts of a parent; or

(3) The child is a ward of the State under the laws of that State.

(b) **Duty of public agency.** The duty of a public agency under paragraph (a) of this section includes the assignment of an individual to act as a surrogate for the parents. This must include a method (1) for determining whether a child needs a surrogate parent, and (2) for assigning a surrogate parent to the child.

(c) **Criteria for selection of surrogates.**

(1) The public agency may select a surrogate parent in any way permitted under State law.

(2) Public agencies shall insure that a person selected as a surrogate:

(i) Has no interest that conflicts with the interests of the child he or she represents; and

(ii) Has knowledge and skills, that insure adequate representation of the child.

(d) **Non-employee requirement; compensation.**

(1) A person assigned as a surrogate may not be an employee of a public agency which is involved in the education or care of the child.

(2) A person who otherwise qualifies to be a surrogate parent under paragraph (c) and (d) of this section, is not an employee of the agency solely because he or she is paid by the agency to serve as an surrogate parent.

(e) **Responsibilities.** The surrogate parent may represent the child in all matters relating to:

(1) The identification, evaluation, and educational placement of the child, and

(2) The provision of a free appropriate public education to the child.

(U.S.C. 1415(b)(1)(B).)

121a.554 Children in public or private institutions.

Each State educational agency shall make arrangements with public and private institutions (such as a memorandum of agreement or special implementation procedures) as may be necessary to insure that 121a.550 is effectively implemented.

(20 U.S.C. 1412(5)(B).)

Comment. Under section 612(5)(B) of the statute, the requirement to educate handicapped children with nonhandicapped children also applies to children in public and private institutions or other care facilities. Each State educational agency must insure that each applicable agency and institution in the State implements this requirement. Regardless of other reasons for institutional placement, no child in an institution who is capable of education in a regular public school setting may be denied access to an education in that setting.

121a.555 Technical assistance and training activities.

Each State educational agency shall carry out activities to insure that teachers and administrators in all public agencies:

(a) Are fully informed about their responsibilities for implementing 121a.550, and

(b) Are provided with technical assistance and training necessary to assist them in this effort.

(20 U.S.C. 1412(5)(B).)

121a.556 Monitoring activities.

(a) The State educational agency shall carry out activities to insure that 121a.550 is implemented by each public agency.

(b) If there is evidence that a public agency makes placements that are inconsistent with 121a.550 of this subpart, the State educational agency:

(1) Shall review the public agency's justification for its actions, and

(2) Shall assist in planning and implementing any necessary corrective action.

121a.700 State entitlement; formula.

(a) The maximum amount of the grant to which a State is entitled under section 611 of the Act in any fiscal year is equal to the number of handicapped children aged three through 21 in the State who are receiving special education and related services, multiplied by the applicable percentage, under paragraph (b) of this section, of the average per pupil expenditure in public elementary and secondary schools in the United States.

(b) For the purposes of the formula in paragraph (a) of this section, the applicable percentage of the average per pupil expenditure in public elementary and secondary schools in the United States for each fiscal year is:

(1) 1978--5 percent,

(2) 1979--10 percent,

(3) 1980--20 percent,

(4) 1981--30 percent, and

(5) 1982, and for each fiscal year after 1982, 40 percent.

(20 U.S.C. 1411(a)(1).)

(c) For the purposes of this section, the average per pupil expenditure in public elementary and secondary schools in the United States, means the aggregate expenditures during the second fiscal year preceding the fiscal year for which the computation is made (or if satisfactory data for that year are not available at the time of computation, then during the most recent preceding fiscal year for which satisfactory data are available) of all local educational agencies in the United States (which, for the purpose of this section, means the fifty States and the District of Columbia,), plus any direct expenditures by the State for operation of those agencies (without regard to the source of funds from which either of those expenditures are made), divided by the aggregate number of children in average daily attendance to whom those agencies provided free public education during that preceding year.

(20 U.S.C. 1411(a)(4).)

121a.702 Limitations and exclusions.

(a) In determining the amount of a grant under 121a.701 of this subpart, the Commissioner may not count:

(1) Handicapped children in a State to the extent that the number of those children is greater than 12 percent of the number of all children aged five through 17 in the State;

(2) Children with specific learning disabilities to the extent that the number of those children is greater than two percent of the number of all children aged five through 17 in the State; and

(3) Handicapped children who are counted under section 121 of the Elementary and Secondary Education Act of 1965.

(b) For the purposes of paragraph (a) of this section, the number of children aged five through 17 in any State shall be determined by the Commissioner on the basis of the most recent satisfactory data available to him.

(20 U.S.C. 1411(a)(5).)

121a.307 Physical Education

(a) **General.** Physical education services, specially designed if necessary, must be made available to every handicapped child receiving a free appropriate public education.

(b) **Regular physical education.** Each handicapped child must be afforded the opportunity to participate in the regular physical education program available to non-handicapped children unless:

(1) The child is enrolled full time in a seperate facility; or

(2) The child needs specially designed physical education, as prescribed in the child's individualized education program.

(c) **Special physical education.** If specially designed physical education is prescribed in a child's individualized education program, the public agency responsible for the education of that child shall provide the services directly, or make arrangements for it to be provided through other public or private programs.

(d) **Education in separate facilities.** The public agency responsible for the education of a handicapped child who is enrolled in a separate facility shall insure that the child receives appropriate physical education services in compliance with paragraphs (a) and (c) of this section.

(20 U.S.C. 1401(16); 1412(5)(B); 1414(a)(6).)

Comment. The Report of the House of Representatives on Pub. L. 94-142 includes the following statement regarding physical education:

> Special education as set forth in the Committee bill includes instruction in physical education, which is provided as a matter of course in all non-handicapped children enrolled in public elementary and secondary schools. The Committee is concerned that although these services are available to and required of all children in our school systems, they are often viewed as a luxury for handicapped children.
>
> * * *
>
> The Committee expects the Commissioner of Education to take whatever action is necessary to assure that physical education services are available to all handicapped children, and has specifically included phyical education within the definition of special education to make clear that the Committee expects such services, specially designed where necessary, to be provided as an integral part of the educational program of every handicapped child.
>
> (House Report No. 94-332, p. 9 (1975).)

121a.506 Impartial due process hearing.

(a) A parent or a public educational agency may initiate a hearing on any of the matters described in 121a.504(a)(1) and (2).

(b) The hearing must be conducted by the State educational agency or the public agency directly responsible for the education of the child, as determined under State statute, State regulation, or a written policy of the State educational agency.

(c) The public agency shall inform the parent of any free or low-cost legal and other relevant services available in the area if;

(1) The parent requests the information; or

(2) The parent or the agency initiates a hearing under this section.

(20 U.S.C. 1416 (b)(2).)

Comment. Many States have pointed to the success of using mediation as an intervening step prior to conducting a formal due process hearing. Although the process of mediation is not required by the statute or these regulations, an agency may wish to suggest mediation in disputes concerning the identification, evaluation, and educational placement of handicapped children, and the provision of a free appropriate public education to those children. Mediations have been conducted by members of State educational agencies or local educational agency personnel who were not previously involved in the particular case. In many cases, mediation leads to resolution of differences between parents and agencies without the development of an adversarial relationship and with minimal emotional stress. However, mediation may not be used to deny or delay a parent's rights under this subpart.

121a.507 Impartial hearing officer.

(a) A hearing may not be conducted:

(1) By a person who is an employee of a public agency which is involved in the education or care of the child, or

(2) By any person having a personal or professional interest which would conflict with his or her objectivity in the hearing.

(b) A person who otherwise qualifies to conduct a hearing under paragraph (a) of this section is not an employee of the agency solely because he or she is paid by the agency to serve as a hearing officer.

(c) Each public agency shall keep a list of the persons who serve as hearing officers. The list must include a statement of the qualifications of each of those persons.

(20 U.S.C. 1414(b)(2).)

121a.508 Hearing rights.

(a) Any party to a hearing has the right to:

(1) Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of handicapped children;

(2) Present evidence and confront, cross-examine, and compel the attendance of witnesses;

(3) Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five days before the hearing;

(4) Obtain a written or electronic verbatim record of the hearing;

(5) Obtain written findings of fact and decisions. (The public agency shall transmit those findings and decisions, after deleting any personally identifiable information, to the State advisory panel established under Subpart F).

(b) Parents involved in hearings must be given the right to:

(1) Have the child who is the subject of the hearing present; and

(2) Open the hearing to the public.

(20 U.S.C. 1415(d).)

121a.509 Hearing decision; appeal.

A decision made in a hearing conducted under this subpart is final, unless a party to the hearing appeals the decision under 121a.510 or 121a.511.

CONFIDENTIALITY OF INFORMATION

121A.560 Definitions.

As used in this subpart:

"Destruction" means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.

"Education records" means the type of records covered under the definition of "education records" in Part 99 of this title (the regulations implementing the Family Educational Rights and Privacy Act of 1974).

"Participating agency" means any agency or institution which collects, maintains, or uses personally identifiable information, or from which information is obtained, under this part.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.561 Notice to parents.

(a) The State educational agency shall give notice which is adequate to fully inform parents about the requirements under 121a.128 of Subpart B, including:

(1) A description of the extent to which the notice is given in the native languages of the various population groups in the State;

(2) A description of the children on whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information;

(3) A summary of the policies and procedures which participating agencies must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information; and

(4) A description of all of the rights of parents and children regarding this information, including the rights under section 438 of the General Education Provisions Act and Part 99 of this title (the Family Educational Rights and Privacy Act of 1974, and implementing regulations).

(b) Before any major identification, location, or evaluation activity, the notice must be published or announced in newspapers or other media, or both, with circulation adequate to notify parents throughout the State of the activity.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.562 Access rights.

(a) Each participating agency shall permit parents to inspect and review any education records relating to their children which are collected, maintained or used by the agency under this part. The agency shall comply with a request without unnecessary delay and before any meeting regarding an individualized education program or hearing relating to the identification, evaluation, or placement of the child, and in no case more than 45 days after the request has been made.

(b) The right to inspect and review education records under this section includes:

(1) The right to a response from the participating agency to reasonable requests for explanations and interpretations of the records;

(2) The right to request that the agency provide copies of the records containing the information if failure to provide these copies would effectively prevent the parent from exercising the right to inspect and review the records; and

(3) The right to have a representative of the parent inspect and review the records.

(c) An agency may presume that the parent has authority to inspect and review records relating to his or her child unless the agency has been advised that the parent does not have the authority under applicable State law governing such matters as guardianship, separation, and divorce.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.563 Record of access.

Each participating agency shall keep a record of parties obtaining access to education records collected, maintained, or used under this part (except access by parents and authorized employees of the participating agency), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.564 Records on more than one child.

If any education record includes information on more than one child, the parents of those children shall have the right to inspect and review only the information relating to their child or to be informed of that specific information.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.565 List of types and locations of information.

Each participating agency shall provide parents on request a list of the types and locations of education records collected, maintained, or used by the agency.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.566 Fees.

(a) A participating education agency may charge a fee for copies of records which are made for parents under this part if the fee does not effectively prevent the parents from exercising their right to inspect and review those records.

(b) A participating agency may not charge a fee to search for or to retrieve information under this part.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.567 Amendment of records at parent's request.

(a) A parent who believes that information in education records collected, maintained, or used under this part is inaccurate or misleading or violates the privacy or other rights of the child, may request the participating agency which maintains the information to amend the information.

(b) The agency shall decide whether to amend the information in accordance with the request within a reasonable period of time of receipt of the request.

(c) If the agency decides to refuse to amend the information in accordance with the request it shall inform the parent of the refusal, and advise the parent of the right to a hearing under 121a.568.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.568 Opportunity for a hearing.

The agency shall, on request, provide an opportunity for a hearing to challenge information in education records to insure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.569 Result of hearing.

(a) If, as a result of the hearing, the agency decides that the information is inaccurate, misleading or otherwise in violation of the privacy or other rights of the child, it shall amend the information accordingly and so inform the parent in writing.

(b) If, as a result of the hearing, the agency decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, it shall inform the parent of the right to place in the records it maintains on the child a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the agency.

(c) Any explanation placed in the record of the child under this section must:

(1) Be maintained by the agency as part of the records of the child as long as the record or contested portion is maintained by the agency; and

(2) If the records of the child or the contested portion is disclosed by the agency to any party, the explanation must also be disclosed to the party.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.570 Hearing procedures.

A hearing held under 121a.568 of this subpart must be conducted according to the procedures under 99.22 of this title.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.571 Consent.

(a) Parental consent must be obtained before personally identifiable information is:

(1) Disclosed to anyone other than officials of participating agencies, collecting or using the information under this part, subject to paragraph (b) of this section; or

(2) Used for any purpose other than meeting a requirement under this part.

(b) An educational agency or institution subject to Part 99 of this title may not release information from education records to participating agencies without parental consent unless authorized to do so under Part 99 of this title.

(c) The State educational agency shall include policies and procedures in its annual program plan which are used in the event that a parent refuses to provide consent under this section.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.572 Safeguards.

(a) Each participating agency shall protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages.

(b) One official at each participating agency shall assume responsibility for insuring the confidentiality of any personally identifiable information.

(c) All persons collecting or using personally identifiable information must recieve training or instruction regarding the State's policies and procedures under 121a.129 of Subpart B and Part 99 of this title.

(d) Each participating agency shall maintain, for public inspection, a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.573 Destruction of information.

(a) The public agency shall inform parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide educational services to the child.

(b) The information must be destroyed at the request of the parents. However, a permanent record of a student's name, address, and phone number, his or her grades, attendance record, classes attended, grade level completed, and year completed may be maintained without time limitation.

(20 U.S.C. 1412(2)(D); 1417(c).)

Comment. Under section 121a.573, the personally identifiable information on a handicapped child may be retained permanently unless the parents request that it be destroyed. Destruction of records is the best protection against improper and unauthorized disclosure. However, the records may be needed for other purposes. In informing parents about their rights under this section, the agency should remind them that the records may be needed by the child or the parents for social security benefits or other purposes. If the parents request that the information be destroyed, the agency may retain the information in paragraph (b).

121a.574 Children's rights.

The State educational agency shall include policies and procedures in its annual program plan regarding the extent to which children are afforded rights of privacy similar to those afforded to parents, taking into consideraton the age of the child and type or severity of disability.

(20 U.S.C. 1412(2)(D); 1417(c).)

Comment. Note that under the regulations for the Family Educational Rights and Privacy Act (45 CFR 99.4(a)), the rights of parents regarding education records are transferred to the student at age 18.

121a.575 Enforcement.

The State educational agency shall describe in its annual program plan the policies and procedures, including sanctions, which the State uses to insure that its policies and procedures are followed and that the requirements of the Act and the regulations in this part are met.

(20 U.S.C. 1412(2)(D); 1417(c).)

121a.576 Office of Education.

If the Office of Education or its authorized representatives collect any personally identifiable information regarding handicapped children which is not subject to 5 U.S.C. 552a (The Privacy Act of 1974), the Commissioner shall apply the requirements of 5 U.S.C. section 552a(b) (1)-(2), (4)-(11); (c); (d); (e)(1), (2), (3)(A), (B), and (D), (5)-(10); (h); (m); and (n), and the regulations implementing those provisions in Part 5b of this title.

(20 U.S.C. 1412(2)(D); 1417(c).)

SECTION 4

Part 121a of Title 45 of the Code of Federal Regulations is amended as follows:

1. Section 121a.5 is amended by revising paragraph (b) (9) to read as follows:

121a.5 Handicapped Children.

* * * * *

(b) * * *

(9) "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

* * * * *

121a.702 [Amended].

2. Section 121a.702 is amended by deleting paragraph (a)(2).

3. The following new sections are added:

ADDITIONAL PROCEDURES FOR EVALUATING SPECIFIC LEARNING DISABILITIES

121a.540 Additional team members.

In evaluating a child suspected of having a specific learning disability, in addition to the requirements of 121a.532, each public agency shall include on the multidisciplinary evaluation team:

(a) (1) The child's regular teacher; or

(2) If the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age; or

(3) For a child of less than school age an individual qualified by the State educational agency to teach a child of his or age; and

(b) At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher.

(20 U.S.C. 1411 note.)

121a.541 Criteria for determining the existence of a specific learning disability.

(a) A team may determine that a child has a specific learning disability if:

(1) The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in paragraph (a)(2) of this section, when provided with learning experience appropriate for the child's age and ability levels; and

(2) The team finds that a child has a severe discrepancy between achievement and intellectual ability in one or more of the following areas:

(i) Oral expression;

(ii) Listening comprehension;

(iii) Written expression;

(iv) Basic reading skill;

(v) Reading comprehension;

(vi) Mathematics calculation; or

(vii) Mathematics reasoning.

(b) The team may not identify a child as having a specific learning disability if the severe discrepancy between ability and achievement is primarily the result of:

(1) A visual, hearing, or motor handicap;

(2) Mental retardation;

(3) Emotional disturbance; or

(4) Environmental, cultural or economic disadvantage.

(20 U.S.C. 1411 note.)

121a.542 Observation.

(a) At least one team member other than the child's regular teacher shall observe the child's academic performance in the regular classroom setting.

(b) In the case of a child of less than school age or out of school, a team member shall observe the child in an environment appropriate for a child of that age.

(20 U.S.C. 1411 note.)

121a.543 Written report.

(a) The team shall prepare a written report of the results of the evaluation.

(b) The report must include a statement of:

(1) Whether the child has a specific learning disability;

(2) The basis for making the determination;

(3) The relevant behavior noted during the observation of the child;

(4) The relationship of that behavior to the child's academic functioning;

(5) The educationally relevant medical findings, if any;

(6) Whether there is a severe discrepancy between achievement and ability which is not correctable without special education and related services; and

(7) The determination of the team concerning the effects of environmental, cultural, or economic disadvantage.

(c) Each team member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, the team member must submit a separate statement presenting his or her conclusions.

(20 U.S.C. 1411 note.)

II

TESTS USED IN EDUCATION
OF THE HANDICAPPED

Part II contains an annotated list of assessment instruments used in the diagnosis and programming of the handicapped. Test descriptions included pertain to each handicapped condition defined in Education of the Handicapped Act (Public Law 94-142). The list is made up of instruments that assess abilities on all age levels and may be used to measure intelligence, achievement, adaptive behavior, language, motor skills, social-emotional development and perceptual skills. Each test description contains information about the nature of the test, applicable age levels, and a brief statement of test administration. It is essential that school administrators, regular classroom teachers, and parents have a basic understanding of tests and what they measure in order to participate fully as team members in determining a child's education program.

AAMD ADAPTIVE BEHAVIOR SCALES

These scales were designed to follow the definition of adaptive behavior of the American Association of Mental Deficiency. The scales include 111 items covering 24 areas of personal and social behavior. The scales may be used with students from 3 years of age through adult and may be completed by an individual who is well acquainted with the subject. Its major purpose is to assist in evaluating the effectiveness of an individual in "coping with the natural and social demands of his/her environment."

ADAPTIVE BEHAVIOR INVENTORY FOR CHILDREN

The ABIC is a series of age-graded questions relating to the child's role performance in the family, adaptive behavior in the neighborhood, skill in interpersonal relations, ability to care for his or her own physical needs, and the like. Responses to the ABIC may be hand scored. It is appropriate for ages 5-11 years.

ALPERN-BOLL DEVELOPMENTAL PROFILE

This instrument consists of 217 items which tap five separate areas: physical development, self-help, social development, preacademic and academic skills, and communication skills. Age-equivalent scores can be obtained in each of the five areas as well as an overall developmental index.

APRAXIA BATTERY FOR ADULTS

The ABA is an individually administered set of tasks designed to measure the presence and severity of apraxia in adolescents and adults. It consists of six subtests including: Diadochokinetic Rate, Increasing Word Length, Limb and Oral Apraxia, Latency and Utterance Time for Polysyllabic Words, Repeated Trials Test, and Inventory of Articulation Characteristics of Apraxia. Administration requires approximately 20 minutes.

ARIZONA ARTICULATION PROFICIENCY SCALE - REVISED

The AAPS is an individually administered instrument designed to provide a rapid and precise determination of misarticulations and of total articulatory proficiency. It provides a numerical scale of articulatory proficiency by weighting misarticulations according to the frequency with which a particular sound occurs in speech. The AAPS provides both a picture and a sentence version, which test consonants and vowels. Yields score which can be interpreted according to a scale of severity and to categories of intelligibility. Standardized for ages 3 to 11.

ASSESSMENT OF BASIC COMPETENCIES

This is a new battery of tests which has been specially designed for the diagnostic assessment of children who manifest school learning problems. Three domains are assessed: Information Processing, Language and Mathematics. Each test in the battery was designed to measure competency from preschool to about Grade 9. Data for calibration norming, validity, and reliability are presented in the manual.

BASIC CONCEPT INVENTORY

The BCI is a criterion-referenced checklist of the basic concepts needed in early academic activities. Designed for use with children from preschool through primary grades. BCI reveals: (1) familiarity with basic concepts, (2) familiarity with conventional statements and ability to repeat them, and (3) ability to perceive the similarity of elements squeezed in a pattern. Especially useful with experientially-deprived and emotionally-disturbed children.

BAYLEY SCALES OF INFANT DEVELOPMENT

The Bayley Mental and Motor Scales consist of specific statements describing observable responses which the assessor attempts to elicit through direct interaction with the child. It is a scale which follows normal developmental sequence from 0-30 months. The accompanying Infant Behavior Record provides for ratings of qualitative aspects of infant behavior and for an overall evaluation.

BAYLEY SCALES OF MENTAL DEVELOPMENT

Assessment tool of sensory-motor thought processes and early language behaviors administered through use of manipulative materials. Early visual and auditory abilities receive heavy assessment emphasis.

BEHAVIOR PROBLEM CHECKLIST

This checklist was developed by Peterson and Quay to be given by teacher, parent, or therapist. The behavior problems measured by the checklist are divided into conduct disorders, personality disorders, inadequacy and immaturity and subcultural delinquency. Best used as an observational device.

BENDER VISUAL-MOTOR GESTALT TEST

Although this test is used primarily to measure visual perception abilities, it has also been used to measure social-emotional adjustment, intelligence, and brain injury. The test is composed of nine geometric figures that the student is required to draw from memory or reproduce while the stimulus is present. Forms for children from 4 to 11 years old have been developed. A trained clinical psychologist should administer and interpret the test. An alternative scoring procedure has been developed by Koppitz.

BOEHM TEST OF BASIC CONCEPTS

This picture test is designed for use with children in kindergarten and grades 1 and 2. It can be administered as a group or individual test. The test is intended to measure basic concepts needed to achieve in primary grades. The Boehm Test is available in 2 alternate forms. Although normative data are provided, the test should be considered criterion-referenced.

BOTEL READING INVENTORY

This battery is comprised of the following three subjects: word recognition, word opposites, and phonics mastery. The test can be used to appraise reading levels from preprimer to fourth grade. The entire battery is widely used to informally measure a student's instructional, free reading, and frustration reading levels in addition to appraising the student's phonics proficiency.

BOWER-LAMBERT SCALES FOR IN-SCHOOL SCREENING OF EMOTIONALLY DISTURBED HANDICAPPED CHILDREN

The purpose of this device is to screen children with potential emotional handicaps at the primary, intermediate, and secondary grade levels. A different form is provided for each of these three groups. The child rates himself/herself and the teacher and peers rate the child also.

BRUININKS-OSERETSKY TEST OF MOTOR PROFICIENCY

The complete battery yields a broad measure of motor proficiency as well as differentiated measures of both gross and fine motor skills. The complete battery can be individually administered in an hour or less and is designed for ages 4½ to 14½. Criteria for scoring responses to the test items are clearly presented in the examiner's manual. Norms were developed so that useful comparisons can be made between gross and fine motor skills. Within-age standard scores, percentile ranks, and stanines are available for test interpretation. Technical information about test validity, reliability and development of norms can be found in the examiner's manual.

BURKS' BEHAVIOR RATING SCALES

This scale is designed to identify patterns of pathological behavior shown by children in grades one through nine. A rater who knows the child makes quantitative judgments about the degree to which behaviors are observed. A preschool and kindergarten edition is available for ages three through six. A profile is available for interpretation.

CAIN-LEVINE SOCIAL COMPETENCY SCALE

This test consists of 44 items on which behavior of the trainable mentally retarded may be rated to estimate social competence. A total score plus four subscale scores on self-help, initiative, social skills, and communication may be interpreted through percentile norms. These subscale scores are helpful in individual planning and evaluation of programs.

CALIFORNIA ACHIEVEMENT TEST

This is a group-administered, norm-referenced, multiple-skill assessment battery which measures skill development in several areas from grades 1.5 to 12. There are two forms of the test at each of the five educational levels. Skill development can be assessed in the following three academic content areas: reading, math, and language.

CALIFORNIA TEST OF MENTAL MATURITY

In this test memory, spatial relationships, logical reasoning, and verbal concepts are measured to determine intelligence. The test can be used with students at the kindergarten through adult level.

CALLIER-AZUSA SCALE

The Callier-Azusa Scale was designed specifically for deaf-blind and multi-handicapped students by an interdisciplinary team who had many years experience with this population. It can be used with the most severely handicapped students and is especially valuable for students with visual and/or hearing impairments because of subscales relating to visual, auditory, and tactile development. Team approach suggested.

CAMELOT BEHAVIOR CHECKLIST

The ten major domains rated are Self-help, Physical Development, Home Duties, Vocational Behavior, Economic Behavior, Numerical Skills, Communication Skills, Social Behaviors and Responsibility. The primary methods recommended for conducting the rating are direct observation and/or actual testing of the client for the behaviors. Training objectives can be developed directly from those items which need training.

CARROW ELICITED LANGUAGE INVENTORY

The purpose of this test is to provide a means for evaluating children's (ages 3 to 7) control of grammar. Fifty-two stimuli which include 51 sentences and 1 phrase make up the test. A series of sentences are read to the

ASSESSMENT OF CHILDREN'S LANGUAGE COMPREHENSION

The ACLC is an individually administered tool for normal and handicapped children which measures a preschool child's comprehension of critical elements (nouns, verbs, modifiers, and spatial concepts). The test utilizes a core vocabulary of fifty common words combined into 2-, 3-, and 4- element phrases. The child is required to point to the appropriate picture indicated by the stimulus word or phrase. The ACLC is essentially a criterion-referenced instrument (Mean scores for 6-month age groups from 3 years to 6 years, 5 months are provided.), which can be administered in 10 to 15 minutes.

AUDITORY INTEGRATIVE ABILITIES TEST

A simple, concise, reliable assessment of auditory perception disorders as they relate to language and learning disabilities. Utilizes non-verbal stimuli to test in three skill areas: Auditory-Motor, Auditory-Graphic, and Auditory-Verbal. The Examiner's Manual gives pretest instructions as well as scoring methods and interpretative data.

AUDITORY POINTING TEST

This is a diagnostic test of short-term memory paired with a visual-motor response (pointing) for administration to individual students in grades K-5 (normed) and older, through adults (not normed). The child is presented with stimulus picture cards and asked to point to the item said by the examiner. Scoring is on the basis of items-correct-to-ceiling, with conversion tables for raw scores.

AYRES TEST OF MOTOR AND PERCEPTION

A series of tests published as the following:

Southern California Kinesthesia & Tactile Perception Test, 1966
Southern California Motor Accuracy Test, 1964
Southern California Figure-ground Visual Perception Test, 1966
Ayres Space Test, 1962
Southern California Perceptual Motor Tests, 1965-1969

All are designed for use with young children, mostly from age 3 or 4 to around age 8 to 10. They are clinical devices intended to evaluate dysfunction in various neuromuscular and perceptual areas. However, reliability co-efficients are too low to be used diagnostically. Developed by Ayres, an occupational therapist, most norms are given in terms of standard scores for age levels.

BALTHAZAR SCALES OF ADAPTIVE BEHAVIOR FOR THE PROFOUNDLY AND SEVERELY MENTALLY RETARDED

Section one of the scale provides information for determining functional independence in the areas of: dependent feelings, finger foods, spoon usage, fork usage, drinking, total eating skills, total dressing, and total toileting. Section two is concerned with social adaptions and provides for a rating of: unadaptive self-directed behavior, unadaptive interpersonal behaviors, adaptive self-directed behavior, adaptive interpersonal behaviors, communication, play activities, response to instructions, and a checklist of personal care and other behaviors. The scale gives criteria for each behavior.

BANKSON LANGUAGE SCREENING TEST

The Bankson Language Screening Test is an individually administered instrument designed for identifying children in need of further language assessment. This test is based upon a linguistic model that includes the morphological, syntactical, and semantic aspects of language necessary for linguistic performance. It also screens auditory and visual perception. The test can be administered in about 25 minutes. Normative data are provided on children of ages 4 through 7.

child and the child is asked to imitate exactly what he/she heard, with the response taped. The grammatical categories include articles, adjectives, nouns, noun plurals, pronouns, verbs, negatives, contractions, adverbs, prepositions, demonstratives, and conjunctions. The test, individually administered, requires 5 minutes to administer and 20 to 30 to score. Reliability, validity, and normative information is presented in the test manual.

CATTELL INFANT SCALE OF INTELLIGENCE

Instrument consisting of many manipulative items used to assess the child's abilities in problem solving, imitation, object permanence, object concept, and language skills.

CELF: CLINICAL EVALUATION OF LANGUAGE FUNCTIONS-DIAGNOSTIC BATTERY

The CELF: Diagnostic Battery is an individually administered measure designed to assist in the identification of children in Grades K-12 with language disabilities; to provide a differential diagnosis of areas of involvement including phonology, syntax, semantics, memory, and word finding and retrieval; and to identify areas for follow-up language intervention. The Diagnostic Battery is a series of 13 subtests (10 untimed, 3 timed) which are divided by Processing of: Word and Sentence Structure, Word Classes, Linguistic Concepts, Relationships and Ambiguities, Oral Directions and Spoken Paragraphs. The second division includes Producing: Word Series, Names on Confrontation, Word Associations, Model Sentences, Formulated Sentences, and Speech Sounds. The Diagnostic Battery was standardized concurrently with the standardization of the CELF Screening Tests (see CELF: Screening Tests for additional information.)

CELF: THE CLINICAL EVALUATION OF LANGUAGE FUNCTIONS-SCREENING TESTS

The CELF: Screening Tests, Elementary and Advanced levels, are untimed, individually administered measures designed to assist in the identification of children K-12 who may need in-depth assessment of oral language functions. One set of items which present oral directions and require no verbal responses is grouped to form the processing items sections. The second set of items which present spoken stimuli and require a spoken response is grouped to form the production items sections. Test standardization data was collected on a group representative of children in grade-age range from K-12 selected according to (1) grade level, (2) sex, (3) racio-ethnic background, and (4) geographic region. Data also was collected on children's residence and occupation of parents.

COLUMBIA MENTAL MATURITY SCALE

This individual intelligence test is designed to assess a student's reasoning ability. On the test a student has to make visual-perceptual discriminations in order to classify and relate series of pictures, colors, forms, and symbols. The 92 figural and pictorial classification items that make up the scale are arranged in eight overlapping levels and may be used with children between 3 years, 6 months and 9 years, 11 months, of age. The test can be administered in approximately 15 to 20 minutes.

COMMUNICATIVE EVALUATION CHART

The CEC is a scale designed as a quick screening of a child's abilities in language and performance. The items were taken from various sources such as Gesell and Cattell and were not restandardized. Information may be obtained through an interview technique and direct observation. The chart is divided into nine age levels: 3, 6 and 9 months; 1, 1½, 2, 3, 4 and 5 years of age.

COOPERATIVE SEQUENTIAL TEST OF EDUCATIONAL PROGRESS - Series II

STEP Series II is a revised battery of general achievement tests in seven academic areas: English Expression, Reading, Mechanics of Writing, Mathematics

Computation, Mathematics Basic Concepts, Science, and Social Studies. The tests are appropriate for grades 4-14. There are four progressive levels of difficulty for each subject except Mechanics of Writing and Mathematics Computation, which have three levels of difficulty (grades 4-12).

The areas assessed and amount of time for each are: English Expression - 40 minutes, Reading - 45 minutes, Mechanics of Writing - 40 minutes, Mathematics Computation - 40 minutes, Mathematics Basic Concepts - 40 minutes, Science - 60 minutes for levels 1 and 2; 40 minutes levels 3 and 4, Social Studies - 60 minutes for levels 1 and 2; 45 minutes levels 3 and 4.

CRATTY EVALUATION OF CHILDREN'S MOVEMENT ABILITIES

A screening test in six categories that can be administered by the teacher. The categories are body perception, balance, locomotion, agility, throwing and catching.

DENVER AUDITORY PHONEME SEQUENCING TEST

This test provides two measures of auditory abilities, single phoneme discrimination and sequenced phoneme memory, for both children and adults. Designed to identify children who will require additional listening training. Easy to administer, requiring no more than 20 minutes. Standardized.

DENVER DEVELOPMENTAL SCREENING TEST

This test is an individually administered screening instrument primarily intended to aid in the early detection of delayed development in children aged 2 weeks through 6 years and 4 months. The test consists of 105 items arranged in the following four sections: personal-social, fine motor-adaptive, language, and gross motor. The test is relatively simple to administer and interpret. No special training is needed for administration.

DETROIT TEST OF LEARNING APTITUDE

The Detroit is an individually administered measure designed to assess strengths and weaknesses in a child's cognitive and linguistic abilities. The tests consist of 19 subtests which assess areas including: reasoning and comprehension, practical judgment, verbal ability, time and space relationships, number ability, auditory attentive ability, and motor ability. It is recommended that a minimum of 9 and a maximum of 13 subtests be administered. Raw scores on each test can be converted to a Mental Age Score. Norms are provided from Mental Age 3 years, 0 months to 19 years, 0 months.

DEVELOPMENTAL PROFILE

The Developmental Profile is an inventory of skills which has been designed to assess a child's development from birth to 12½ years of age. The inventory provides a screening of five key areas: physical self-help, social, academics, and communications. The instrument uses an interview format which is either self-administered or informant based. It includes 217 items which are arranged in 6-month intervals from birth to 3½ years and proceeds thereafter by yearly intervals. A short section speaks to the problems of administration to atypical children. These guidelines represent a range of months when behaviors at certain chronological ages are considered either normal or retarded development. Also included is an explanation of the standardization and test development procedures.

DEVELOPMENTAL TEST OF VISUAL-MOTOR INTEGRATION

This test is designed to assess visual-motor functioning in children from 2 to 15 years of age. The student is asked to reproduce the 24 geometric forms while the form is still present. This test may be used for both screening and appraising specific problems among individual children.

DEVEREUX ADOLESCENT BEHAVIOR RATING SCALE

This is an individual test that takes approximately 15 minutes to administer. The scale is more suitable for very disturbed adolescents.

DEVEREUX CHILD BEHAVIOR RATING SCALE

This scale provides an assessment of students 8 through 12 years of age. It is individually administered and takes approximately 10-20 minutes to administer. The test is designed particularly for the emotionally disturbed or mentally retarded.

DEVEREUX ELEMENTARY SCHOOL BEHAVIOR RATING SCALE

This is an individual test that takes approximately 10 minutes to administer. The test is conducted by someone who has had at least one month's experience with the child observing the child. The test provides a profile of 11 dimensions of overt problem behavior.

DIAGNOSTIC CHART FOR FUNDAMENTAL PROCESSES IN ARITHMETIC

This test is intended to provide information concerning a student's specific errors in arithmetic, subtraction, multiplication, and division of whole numbers. Students complete a graded series of arithmetic examples arranged in order of increasing difficulty in each of the four fundamental processes. The student is asked to work each example aloud, while the administrator notes specific errors. The chart is not standardized, and the results are primarily aimed at helping classroom teachers assess the faulty arithmetic work habits of students in grades two and above. A manual of directions also provides a number of excellent remedial procedures for many arithmetic difficulties.

DIAGNOSTIC CHECKLIST FOR BEHAVIOR - DISTURBED CHILDREN (Form E-2)

This questionnaire consists of 80 questions and gathers information about the child's social interaction and affect; speech, motor and manipulative ability; intelligence and reaction to sensory stimuli; family characteristics; illness development; physiological; and other biological data. The information gained from this questionnaire provides much information about the child's development from birth to age five. It is to be filled out by the parents.

DIAGNOSTIC READING SCALES

This is a series of integrated tests designed to provide a standardized, individualized evaluation of skills in oral reading, silent reading and auditory comprehension. The scales consist of three-word recognition lists, 22 reading passages, and eight supplementary phonics tests. The tests can be used with students in elementary grades and older students with reading difficulties.

DIAGNOSTIC TESTS AND SELF-HELPS IN ARITHMETIC

Four screening tests quickly assess a student's abilities with whole numbers, common fractions, decimals, and general arithmetic skills. The screening tests show which of the twenty-three analytical tests should be administered. Self-helf corrective exercises provide a basis for remediation of any of the specific deficits noted on each of the analytical tests. The test is not standardized. With the test results teachers are able to locate and identify both specific and general areas of difficulty in arithmetic. The results provide an effective basis for planning remedial work.

DISTINCTIVE FEATURE ANALYSIS OF MISARTICULATIONS

Test describing the method for analysis of articulation based on distinctive features. Technique involves language sampling, construction of child's phonological rule system, and analysis of errors in terms of distinctive features. This is a time-consuming procedure initially, but beneficial in therapy because one may see improvement across a class of sounds with training of an individual sound, depending on commonality of features.

DURRELL ANALYSIS OF READING DIFFICULTY

This test is designed to be administered individually with students at the nonreading level through sixth grade reading level. The test consists of subtests in: oral and silent reading, listening comprehension, word recognition, and word analysis. Grade level scores are provided for each of the subtests. The test helps the classroom teacher identify specific skill-development strengths and weaknesses in reading.

ENVIRONMENTAL LANGUAGE INVENTORY

The ELI is an individually administered diagnostic strategy for assessment and training of children with severe delay in expressive language. Distribution of semantic-grammatical rules, utterance length, and intelligibility are assessed in three production modes: imitation, conversation, and free play. Traditional normative data are not available for the ELI.

ENVIRONMENTAL PRELANGUAGE BATTERY

The EPB assesses preliminary skills up to the use of 2-word phrases.

FISHER-LOGEMANN TEST OF ARTICULATION COMPETENCE

The test is described by a reviewer as a single word articulation profile. It tests all consonants in all positions, consonant blends, and all vowels. Each sound notes developmental age.

Two versions of the Fisher-Logemann Test are available: a Picture Version (109 colorful line drawings on 35 hardboard cards) and a Sentence Version (15 sentences printed in large, legible type on a card). Eleven of the cards in the Picture version are tab-indexed for screening test applications.

Test information yields detailed data re: consonants and vowels. Consonant data includes place of articulation, voicing, and manner of formation. Vowel data includes height of the tongue, placement of the tongue, degree of tension and lip rounding.

The test yields no norms but the extensive test manual (35 pages) yields itself to distinctive feature analysis.

FLOWERS AUDITORY TEST OF SELECTIVE ATTENTION

FATSA is a screening tool which measures the auditory attention span for school-age children. Can be administered individually or in groups up to 35 children. Skills are tested by having the child listen to an audiotape and mark one or more of seven pictures provided for each test item. Tables are available indicating selected percentile midyear scores for children in certain categories.

FLOWERS-COSTELLO TESTS OF CENTRAL AUDITORY ABILITIES

This test is designed to measure 2 basic areas of auditory perceptual abilities in children from kindergarten through sixth grade. It is divided into 2 subtests of Low Pass Filtered Speech and Completing Message. Each subtest requires the child to correctly interpret a sentence heard by filling in a missing word through picture identification. The test takes approximately 30 minutes to administer and does not require a specialized test environment. Scoring interpretation allows the examiner to assess certain auditory perceptual abilities as well as possibly determining some specific hearing disability.

FLUENCY ASSESSMENT BATTERY

The FAB is a diagnostic tool developed to measure fluency and rate of speech. Consists of five sections measured by the auditory and visual modalities with the response mode being verbal. Yields a percentage of fluent speech in imitative tasks, non-imitative tasks, reading and conversational speech. Also yields average words spoken per minute. No normative data for interpreting results are provided.

FLUHARTY PRESCHOOL SPEECH AND LANGUAGE SCREENING TEST

This screening test is designed to elicit responses from children between the ages of 2 and 6 years which are indicative of vocabulary, articulation, and language performance. Thirty-five test items are divided into the following 3 sections: (1) identification of 15 common objects, (2) nonverbal responses to 10 sentences incorporating basic syntactic structures, and (3) repetition of 10 short sentences stimulated by picture cards. The test is individually administered and requires approximately 6 minutes. Comments on validity and reliability are available in the manual.

FROSTIG DEVELOPMENTAL TEST OF VISUAL PERCEPTION

This assessment instrument is designed to measure the following fine visual perceptual skills: eye-motor coordination, figure-ground discrimination, form constancy, position in space, and spatial relationships. The test can be administered to individuals or groups. Students between the ages of 4 and 8 can be administered the test. Raw scores can be converted into scaled scores, perceptual ages, and an overall perceptual quotient.

FULLERTON LANGUAGE TEST FOR ADOLESCENTS (EXPERIMENTAL EDITION)

This test is an individually administered diagnostic assessment of expressive and receptive language. The test consists of 8 subtests: Auditory Synthesis, Morphology Competency, Oral Commands, Convergent Production, Divergent Production, Syllabication, Grammatic Competency, and Idioms. The test is designed for use with adolescents aged 11-18 and adults. Administration and scoring required approximately 45 minutes.

GATES-MCKILLOP READING DIAGNOSTIC TEST

This test includes subtests in oral reading, flash presentation of words, untimed presentation of words, flash presentation of phrases, knowledge of word parts, recognition of the visual forms of sounds, and auditory blending. It has supplementary tests in spelling, oral vocabulary, syllabification, and auditory discrimination. This test is intended to be used with students in grades 2 through 6 who have severe reading and spelling disabilities.

GATES-RUSSELL SPELLING DIAGNOSTIC TEST

This test is designed to test the following nine areas: spelling words orally, word pronunciation, giving letters for sounds, spelling one syllable, spelling two syllables, word reversals, spelling attack, auditory discrimination, and the effectiveness of visual, auditory, kinesthetic, and combined methods of study. A grade score can be obtained for each of the subtests. This test can be used as an initial step in observing spelling difficulties.

GENERAL APTITUDE TEST BATTERY

Developed by the United States Employment Service, this test battery is designed to assess vocationally significant aptitudes useful for vocational counseling, job selection, and job placement. The battery makes predictions for around 500 occupations, primarily for the unskilled or semi-skilled type and measures aptitudes in 7 areas: general learning ability, verbal aptitude, form perception, clerical perception, motor coordination, finger dexterity, and manual dexterity.

GILMORE ORAL READING TEST

This test consists of 10 reading passages that measure accuracy, comprehension, and rate or oral reading. Five comprehension questions to test recall are asked after each reading passage. The test can be used with students in grades 1 through 8.

GOLDMAN-FRISTOE TEST OF ARTICULATION

The Goldman-Fristoe is a traditional test of articulation designed to evaluate a student's production of consonant sounds. Three subtests are included in the test: sounds-in-words, sounds-in-sentences, and stimulability. It classifies the types and severity of various articulation errors. Norms are provided for children from 3 to 8 years of age.

GOLDMAN-FRISTOE-WOODCOCK AUDITORY MEMORY TESTS

This test is individually administered utilizing recorded stimuli to measure short-term auditory memory skills in children and adults. It consists of three separate tests measuring Recognition Memory, Memory for Content, and Memory for Sequence. Raw scores are converted to percentile rank, age equivalent, standard score, and stanine.

GOLDMAN-FRISTOE-WOODCOCK AUDITORY SELECTIVE ATTENTION TEST

This test measures an individual's ability to attend to a listening task in the presence of competing noise that is systematically varied in intensity and type. It is composed of 110 items and divided into four subtests. All auditory stimuli are presented by means of prerecorded tape via earphones. Raw score performance may be translated into both age equivalency and percentile rank. Validity and reliability are questioned pending more research data.

GOLDMAN-FRISTOE-WOODCOCK SOUND-SYMBOL TESTS

This is an individually administered test which measures several basis abilities which are prerequisite to advanced language skills. It consists of seven tests to assess the following skills: Sound Mimicry, Sound Recognition, Sound Analysis, Sound Blending, Sound-Symbol Association, Reading of Symbols, and Spelling of Sounds. Normative data are available for the age range of 3 to 80 years, although the major data are for those in the range of 3-12 years.

GOLDMAN-FRISTOE-WOODCOCK TEST OF AUDITORY DISCRIMINATION

This test is designed to test auditory discrimination of phonemes against a quiet background and against a noisy background. The examiner uses tape recordings to administer the two subtests. The student views four separate pictures and is asked to select the one that represents the word spoken. The words for each of the four pictures differ slightly. One suggested use of this test is screening of students who are suspected of suffering from serious auditory-perceptual disorders. Yields percentile or standard scores for individuals aged 3 years, 8 months to 70 years and older.

GOODENOUGH-HARRIS DRAW-A-MAN TEST

This test may be administered to small groups or for individual students. The test is administered by the examiner instructing the student to make 3 drawings - a man, woman and himself. Specific instructions are given so as to motivate all children similarly. It is suggested for use to determine initial impression of ability and is rated as valuable to obtain a "crude index" of mental development of children for whom no appropriate standardized test of mental ability is available.

GRAMMATICAL ANALYSIS OF ELICITED LANGUAGE

The GAEL instrument was standardized on over 500 hearing impaired children ages 5-9 years and normally hearing children ages 2½ - 5 years. Separate normative tables are available for:

Profoundly deaf, 8-12 years
Severely hearing impaired, 8-12 years
Normally hearing, 3-6 years

The GAEL is an assessment technique for eliciting language, evaluating the use of complex sentences.

GRAY ORAL READING TEST

This test is designed to provide an objective measure of skill development in oral reading from early first grade through college. The test is available in four forms. In administration of the test the student is asked to read the passages aloud while the examiner records errors and notes reading characteristics. The student is then asked a series of questions designed to assess comprehension. The test provides an assessment of both speed and accuracy of oral reading.

HISKEY-NEBRASKA TEST OF LEARNING APTITUDE

Although this test was developed as a non-verbal, non-timed test for the hearing handicapped, norms are also available for children with normal hearing. The following 12 subtests make up the test: bead patterns, memory for color, picture identification, picture association, paper folding, visual attention span, block patterns, completion of drawings, memory for digits, puzzle blocks, picture analogies, and spatial reasoning. For deaf children a Learning Age and a Learning Quotient can be obtained and for hearing children a Mental Age and IQ. While primarily used with deaf children, the test can be used with any child from 3 years to 16 years of age.

HOUSTON TEST FOR LANGUAGE DEVELOPMENT

This linguistic assessment of children is divided into two parts. Part I is for very young children, 6 months to 3 years of age, and assesses accent, melody of speech, gesture, vocabulary, sound articulation, dynamic content, and grammatical usage. Part II, which requires the eliciting of free running speech, is used with children from 6 months to 6 years of age. Vocabulary, auditory judgment, syntax, and self-identity are some of the 18 areas assessed in this part of the test. The results of this test are best used to gain an informal estimate of a child's language development, which can be used to plan teaching programs.

ILLINOIS TEST OF PSYCHOLINGUISTIC ABILITIES, REVISED

The ITPA is an individually administered diagnostic test designed to delineate specific abilities and disabilities in children ages 2 to 10 years. The 12 subtests evaluate abilities in channels of communication, psycholinguistic processes, and levels of organization. Results yield a composite psycholinguistic age, an estimated mental age and IQ, and scaled scores on each subtest. Administration time is approximately 60 minutes.

IOWA INTEREST INVENTORY

These are paper and pencil tests for charting rate of speaking and oral reading, measures of dysfluency, check list of stuttering reactions, scales of severity and attitude regarding stuttering, as well as self-ratings for speech situations and measures of adaptations and of consistency.

IOWA PRESSURE ARTICULATION TEST

An individually administered 43-item subtest of the Templin-Darley Tests of Articulation to assess the adequacy of speech sounds requiring greater oral breath pressure and, by inference, the adequacy of palatopharyngeal closure. Selection of items was based on a study of 50 cleft-palate children. Interpretation of scores must be made recognizing that the norms provided are for subjects selected without regard to palatopharyngeal adequacy.

IOWA SCALE OF ATTITUDE TOWARD STUTTERING

The Iowa Scale attempts to measure the test taker's reaction to stuttering in social speech situations. The Scale presents 45 assertions about stutterers and what they should or should not do or feel in selected situations. The test taker is asked to indicate by circling a response the extent to which he or she agrees or disagrees with each assertion. Responses are scored in such a way as to indicate appropriateness of attitude toward stuttering.

KEY MATH DIAGNOSTIC ARITHMETIC TEST

An individually administered diagnostic test designed to assess math development in kindergarten through the eighth grade. The test includes fourteen subtests organized into three areas: content, operations, and applications. Administration of Key Math is relatively simple, requires no formal training, and takes 20 to 30 minutes to complete. Results include a grade equivalent score based on the total test performance, along with a diagnostic profile depicting performance in the fourteen skill areas. The specific listing of behavioral objectives for every item of the test and the grouping of items into logical instructional clusters facilitate program planning and evaluation.

KUHLMANN-FINCH SCHOLASTIC APTITUDE TESTS

This is a group administered measure of general mental development. Eight tests are in the battery: one for each grade, grades 1-6; one for junior high; and one for senior high. Both verbal and nonverbal subtests are used to measure intellectual maturity.

LANGUAGE-STRUCTURED AUDITORY RETENTION SPAN TEST

LARS is an individually administered instrument to assess the ability in individuals, age 3.7 through adult, to maintain short-term memory for linguistically significant information. The examinee may administer the LARS in 12 to 15 minutes by reading the sentences and requiring that the subject repeat them. Yields a mental age and recall quotient.

LEARNING ACCOMPLISHMENT PROFILE

The LAP is a criterion-referenced instrument which has been developed from normative assessment tools as a record of a child's existing skills. The authors claim this assessment's success is based on its ability to test for the criterion within the context of the child's own environment and experiences. With the use of the LAP, the authors feel that the teacher will be able to: identify developmentally appropriate learning objectives; measure progress through change in rate of development; and provide specific information relevant to pupil learning. These tasks are defined for the following skill areas: gross motor, fine motor, self-help, social, cognitive and language.

LEARNING ACCOMPLISHMENT PROFILE FOR INFANTS

LAP-I is criterion-referenced record for parents and/or teachers of handicapped infant's (0-2) existing skills. This assessment, in combination with the previously developed LAP, provides a full range assessment from 0-5 years of age. The assessment booklet contains two parts. Part One is the actual assessment with a hierarchy of behaviors listed in a developmental sequence in six areas of development: Gross Motor, Fine Motor, Social, Self-Help, Cognitive, and Language. Part Two provides units of instruction for teaching important behaviors in the sequence of development such as tracking, attending, self-feeding, etc.

LEITER INTERNATIONAL PERFORMANCE SCALE

This non-language measure of general intelligence can be used with children ages 2 through 18 years. The scale measures intelligence through matching colors, forms and pictures, copying a block design, picture completion, number estimation, analogies, series completion, spatial relations, similarities, and other such functions.

LINCOLN DIAGNOSTIC SPELLING TEST

This test was designed to measure three facets of spelling: pronunciation, enunciation, and use of rules. Best used as a general measure of spelling performance with analytical features to assess deficiencies in the use of spelling rules.

LINCOLN-OSERETSKY MOTOR DEVELOPMENT SCALE

This test consists of over 40 individual items and is appropriate for students between the ages of 6 and 14. Examples of skills tapped include motor speed, balance, dynamic coordination, general coordination, overproduction of movements, and jumping.

LINDAMOOD AUDITORY CONCEPTUALIZATION TEST

The LAC is an individually administered test which provides a measure of a student's level of auditory functioning in two areas: (1) the ability to discriminate one speech sound from another, and (2) the ability to perceive the number, order, and sameness or difference of speech sounds in sequences. The Lindamood Auditory Conceptualization Test can be used at preschool through adult levels, and no prior knowledge of the alphabet or sound-symbol association is required. The raw score is converted on a simple grid and then compared with grade-level recommended minimum scores.

LING PHONETIC LEVEL SPEECH EVALUATION

This evaluation determines the extent to which particular sound patterns are present, the stage at which the child can differentiate one motor speech pattern from another, and the rate at which sounds can be repeated and alternated. The Cumulative Record of Speech Skill Acquisition and the Teacher Clinician Planbook and Guide to the Development of Speech Skills are useful programming tools available from the same company. This instrument can be administered to infants through adults.

McCARTHY SCALES OF CHILDREN'S ABILITIES

The MSCA was designed to evaluate children's (ages $2\frac{1}{2}$ to $8\frac{1}{2}$) general intellectual level as well as strengths and weaknesses in a number of ability areas. The test consists of eighteen subtests that make up six scales. Four kinds of scores are obtained: a general cognitive index, scale indexes, percentile ranks, and MA (mental age).

The standardization is excellent reflecting normative sample proportions closely approximating the 1970 census data. Reliabilities for the Verbal and General Cognitive scales are excellent; coefficients for the other scales are lower. Evidence about validity is limited although studies of both predictive and concurrent validity are reported. The test does not meet the majority of the standards of the American Psychological Association. Specific training qualifies one for administration.

McDONALD DEEP TEST OF ARTICULATION

The MDTA is an individually administered diagnostic instrument designed to assess a student's articulation of phonemes in numerous phonetic contexts. It determines any possible facilitating sounds for error consonants and vowels.

Each phoneme the examiner selects is tested and scored individually. A percentage score is completed for each phoneme. May be used with persons from preschool age to adult.

MEADOW-KENDALL SOCIAL-EMOTIONAL ASSESSMENT INVENTORY FOR DEAF STUDENTS

This inventory is designed to be completed by teachers or other educational personnel with close contact with deaf students aged 7 to 21 years of age. The inventory contains 3 subscales: Social Adjustment, Self-Image, and Emotional Adjustment.

MEETING STREET SCHOOL SCREENING TEST

The MSSST is a screening device designed to assist in early identification of children with learning disabilities. Utilization of this test provides a determination of how effectively a child is processing information through 3 subtest modalities: Motor Patterning, Visual-Perceptual-Motor, and Language. Yields raw scores, scaled scores, and behavior ratings. Norms are available that span the age range 5.0 to 7.5 years. The MSSST is individually administered in 15-20 minutes.

MERRILL-PALMER TESTS OF MENTAL ABILITIES

The tests assess not only the child's cognitive abilities but fine and gross motor skills in a very general manner. Comprised primarily of performance items, some of which are timed, this tool is very useful with nonverbal children. Provision is made for a child's refusal of an item or for a necessary omission of an item.

MINNESOTA PRESCHOOL SCALE

The test consists of a series of twenty-six short subtests that provide an estimate of verbal and nonverbal intelligence. The test is designed for children ages 1 year, 6 months to 6 years and can be administered in 30 minutes or less on an individual basis.

MINNESOTA TEST FOR DIFFERENTIAL DIAGNOSIS OF APHASIA

The MTDDA is an individually administered tool designed to differentiate specific subgroups within the generic category of aphasia. Consists of 57 subtests composed of varying numbers of items. The subtests are categorized into five groups representing primary areas of language/symbolic disturbance (auditory, visual and reading, speech and language, visuomotor and writing disturbances, and disturbances of numerical relations and arithmetic processes). Results may be reported as numerical indices of severity of impairment.

MODERN TECHNIQUES OF VOCAL REHABILITATION

This reference text contains information on the clinical diagnosis and treatment of vocal disorders.

MOTOR-FREE TEST OF VISUAL PERCEPTION

This test does not require any fine motor skills as the student is asked to point to one of four alternatives. The test is divided into the following five subtests: spatial relationships, visual discrimination, figure-ground, visual closure, and visual memory. The test can be administered in approximately 10 minutes and yields a perceptual age and a perceptual quotient.

MOTOR SPEECH DISORDERS

This reference text includes chapters containing specific clinical tasks for the differential diagnosis and treatment of motor speech disorders, particularly the dysarthrias and apraxia of speech.

NORTHWESTERN SYNTAX SCREENING TEST

This is an individually administered screening test designed to estimate a student's receptive and expressive levels of syntatic development. Normative data are provided for children 3 years, 11 months to 7 years, 11 months of age. Receptive development is measured by having the child select the most appropriate of four pictures following a sentence spoken by the administrator. The expressive items require the child to repeat sentences spoken by the administrator while the administrator points to various pictures. The child derives meaning from word order and word endings.

OHIO TESTS OF ARTICULATION AND PERCEPTION OF SOUNDS

The OTAPS is a basic battery of eight subtests designed to evaluate children's articulation and perception of speech sounds. This test is appropriate for children from ages approximately 5-8 (K-3rd). Detailed standardization procedures, validity and reliability information is contained in the Manual.

ORDINAL SCALES OF PSYCHOLOGICAL DEVELOPMENT

Series of six ordinal scales based on Piagetian observations of sensory-motor schemas. Concerned with the hierarchial interrelationship of achievement at different levels. Six scales include visual pursuit and the permanence of objects, the development of means for obtaining desired environmental events, development of operational casuality, construction of objects in space, and verbal and gestural imitation. Also assessed is the development of schemas for relating to objects.

OSTERETSKY TEST OF MOTOR PROFICIENCY

This individually administered test includes items that assess both fine and gross motor control. The specific subtests include: running speed and agility, balance, bilateral coordination, strength, upper-limb coordination, response speed, visual-motor control, and upper-limb speed and dexterity. Children ages 4 to 18 can be administered the test.

PARENTAL DIAGNOSTIC QUESTIONNAIRE

The PDQ is a clinical tool designed for evaluation, prevention, and treatment of stuttering in children. It is designed to be completed by parents, guardians, or others who may be significant in the child's communicative environment. It provides a broad profile of parental/adult attitudes, observations and reactions to dysfluent speech which can serve as a basis for parent/teacher counseling.

PEABODY DEVELOPMENTAL MOTOR SCALES

The motor scales were designed as a measure of the skills a child has mastered, those he is developing, and those not yet learned in the areas of fine and gross motor skills. The scales are being issued only in an experimental edition with validation efforts currently in process. The scale uses a rating system from "1" to "5" with definitive accompanying criterion. Included in the monograph is a program of activities designed to teach each skill in the scales. The authors assume the activities will lead to a program that attempts to fill developmental gaps, to strengthen emerging skills and to set objectives for skills not obtained.

PEABODY INDIVIDUAL ACHIEVEMENT TEST

This test is designed to survey a student's level of educational attainment in basic skills and knowledge. The five subtests include: mathematics, reading recognition, reading comprehension, spelling, and general information. The test measures achievement from preschool to adult level.

PHOTO ARTICULATION TEST

The PAT is an individually administered screening instrument designed to rapidly assess the articulatory skills of children ages 3 to 12 years. Twenty-three consonants are tested in initial, medial, and final positions. Eighteen vowels also are tested. It consists of 72 color photographs of objects which the child is required to name. Yields a total score and subscores which are calculated for tongue sounds, lip sounds and vowel sounds, for comparison with the normative sample.

PICTURE STORY LANGUAGE TEST (WRITTEN LANGUAGE)

The Picture Story Language Test is a diagnostic instrument for normal and handicapped children with language disorders and other types of learning disabilities. It can be administered individually or in groups, as subjects are required to write a story based upon a standard picture card stimulus. The test is comprised of three scales: one devised to measure length (Productivity), another to measure correctness (Syntax), and the third to measure content or meaning (Abstract-Concrete). Standardized on 747 subjects ranging in age from 7 to 17 years.

PORCH INDEX OF COMMUNICATIVE ABILITY IN CHILDREN

The PICAC is an individually administered diagnostic battery which measures multidimensions of communicative behavior. The Basic Battery (16 tests) is designed for children 3 to 6 years old; the Advanced Battery (20 tests) is for children 6 to 12. The Subtests are structured around 10 objects requiring talking, handling objects, or drawing. Employs very sophisticated statistical methods to insure high reliability and clinical usefulness. Administration requires usually 30 to 60 minutes.

PREDICTIVE SCREENING TEST OF ARTICULATION

The PSTA is an individually administered screening test for children at the 1st grade level to separate those children who will master their misarticulations without speech therapy from those who will require intervention. Consists of 47 items of imitative tasks. Results are interpreted in terms of normative data indicating percentage of children who acquired normal articulation by 3rd grade without therapy with particular PSTA Score.

PRESCHOOL LANGUAGE SCALE - REVISED

The Preschool Language Scale consists of a series of auditory and verbal language tasks designed for children aged 18 mo. to 7 years. This screening device provides a detailed survey of a child's early language comprehension. It can be used in approximately 20 minutes. Yields language ages and language quotient. Details of validity and reliability studies are available in the program manual.

PROCEDURES FOR THE PHONOLOGICAL ANALYSIS OF CHILDREN'S LANGUAGE

Text by Ingram called Phonological Disability in Children describes assessment, analysis and treatment of language disabilities. Provides procedures for collection of speech samples, analysis of speech into phonological rules, and determination of a program of therapy. Also provides overview of normal phonological development and an examination of how deviant speech differs from the normal patterns.

PROGRAMMED THERAPY FOR STUTTERING IN CHILDREN AND ADULTS

This text covers behavioral principles as related to stuttering, evaluation, and programming. It includes two forms of a Stuttering Interview as an assessment tool. Form A is designed for preschool and primary children while Form B is for upper elementary, junior high, senior high and adults.

PSYCHOEDUCATIONAL PROFILE

The PEP is an inventory of behaviors and skills designed to identify uneven and idiosyncratic learning patterns. It is most appropriately used with children functioning at a preschool age level within the chronological age range of one to 12 years. As an assessment instrument, the PEP provides information on developmental functioning in the areas of Imitation, Perception, Fine Motor, Gross Motor, Eye-Hand Integration, Cognitive Performance, and Cognitive Verbal skills. As a diagnostic tool, the PEP identifies the degrees of behavioral pathology or psychosis in the areas of affect; relating, cooperating, human interest; play and interest in materials; sensory modes; and language.

PUPIL RATING SCALE

This rating scale consists of the following five behavioral subtests: auditory comprehension, spoken language, orientation, behavior, and motor skills. Each category includes several specific items and the classroom teacher rates the student from 1 to 5 on each item.

PURDUE PERCEPTUAL-MOTOR SURVEY

This survey of motor behavior provides for observation of motor skills of a student. This survey provides an opportunity to observe the following: balance and posture, body image and differentiation, perceptual-motor match, ocular control, and form perceptions. In total, 22 scores or ratings are taken. The normative data provided in the survey manual permit a determination of the most crucial areas of faulty performance.

READING COMPREHENSION BATTERY FOR APHASIA

The RCBA is an individually administered instrument designed to evaluate the nature and degree of reading impairment in aphasic adolescents and adults (anyone who has achieved a 6th grade reading level). Administration requires 30 to 90 minutes for 10 subtests: six pertaining to Single Word Comprehension, one for Sentence Comprehension, and two for Paragraphs. Each subtest consists of 10 items.

READING-FREE VOCATIONAL INTEREST INVENTORY

The purpose of the test is to assess an individual's preference for particular work areas. In administration of the test, an individual is presented with three pictures and asked to select one. To determine each individual's preference for each interest area, the number of times he/she selects items that are keyed for that area are totaled and converted to percentile ranks. The percentiles allow for direct measurement and interpretation of each subject's vocational likes and dislikes.

RECEPTIVE-EXPRESSIVE EMERGENT LANGUAGE SCALE

The REEL is a method of examining a child's language functions through interviewing the parents. The items are scaled over the age range from birth to three years.

SCHOOL AND COLLEGE ABILITY T[illegible]

SCAT Series II, a complete revision of the original SCAT tests, was normed in 1966 and renormed in 1970. Tests in SCAT Series II have only two parts: Verbal and Quantitative. Part I (Verbal) measures a student's understanding of words with verbal analogy items. Part II (Quantitative) tests a student's understanding of fundamental number operations by quantitative comparison items. These new items require the student to compare the magnitude of two mathematical quantities and make certain decisions concerning them.

The test yields three scores: Verbal, Quantitative, and Total. Total working time is 40 minutes: 20 minutes for each part. SCAT Series II included tests at four levels of difficulty. Parallel forms which are comparable in content coverage and difficulty are available at each level.

SCREENING DEEP TEST OF ARTICULATION

The SDTA is an individually administered instrument designed to screen a student's articulation of several commonly misarticulated consonants as they appear in a variety of phonetic contexts. Based on theory that consonants function to either release or arrest a syllable. Yields a graphic phonetic profile based on percentage of correct production for each sound. Age: Preschool to adult.

SCREENING TEST FOR AUDITORY COMPREHENSION OF LANGUAGE

The STACL is a screening test which identifies children between 3 and 6 years of age who may have receptive language problems. The group-administered test consists of 25 items from the TACL which sample vocabulary, morphology, and syntax. The children are required to respond to the examiner's oral stimuli by marking in individual booklets. Reliability data and cut-off tables are provided in the manual.

SCREENING TEST FOR DEVELOPMENTAL APRAXIA OF SPEECH

This is an individually administered screening instrument designed to assist in the differential diagnosis of developmental apraxia of speech in children ranging from 4-12 years. Consists of eight (8) subtests including: Expressive Language Discrepancy, Vowels and Diphthongs, Oral-Motor Movement, Verbal Sequencing, Motorically Complex Words, Articulation, Transpositions, and Prosody. Administration requires approximately 10 minutes.

SCREENING TEST OF ADOLESCENT LANGUAGE

The STAL was designed as an individually administered screening instrument for use with junior and senior high school students. The test includes 23 items divided among 4 subtests as follows: (1) Vocabulary-comprehension of word meaning and substitution of a synonym in a grammatically correct form; (2) Auditory Memory Span-repetition of a sentence in its original syntactical form; (3) Language Precessing-understanding of sentences and isolation of the absurdity contained therein; and (4) Proverb Explanation-comprehension and interpretation of proverbs. Norms provided for use with students 11 years and older. A discussion of the validity and reliability of the STAL can be found in the manual.

SELF-DIRECTED SEARCH

The SDS is a self-administered, self-scored, and self-interpreted vocational counseling instrument. It includes an assessment booklet and occupational classification booklet. The Form Easy (E) was developed for adolescents and adults with limited reading skills. Percentile score tables are available for high school and college levels.

SKI-HI LANGUAGE DEVELOPMENT SCALE

A parent observation scale listing the receptive and expressive language skills of children ages birth to five. Specifically designed for hearing impaired children.

SKI-HI RECEPTIVE LANGUAGE TEST

A picture test which evaluates the young child's receptive understanding of one-, two-, three-, and four- element utterances using a core vocabulary of 100 words.

SLINGERLAND SCREENING TESTS FOR IDENTIFYING CHILDREN WITH SPECIFIC LANGUAGE DISABILITIES

The purpose of this test is to screen young children for potential language impairments that relate to reading, writing, spelling, and speaking. Nine subtests are used to measure such variables as visual copying, visual memory, visual discrimination, auditory memory, auditory perception, and auditory-visual association. Additional tests which can be administered include: oral sentence completion, retelling a brief story, and word repetition.

SLOSSON INTELLIGENCE TEST

This individual test of intelligence requires approximately 15 to 20 minutes to administer. The test correlates well with the Wechsler tests and the Stanford-Binet. Although the test is applicable from 15 days to 27 years, all testing above age 4 is verbal in presentation and requires spoken responses. With minimal training, this test can be given by the classroom teacher to provide a quick estimate of mental ability.

SOCIAL AND PREVOCATIONAL INFORMATION BATTERY

The SPIB consists of a series of nine tests designed to assess knowledge of skills and competencies widely regarded as important for the ultimate community adjustment of educable mentally retarded students in junior and senior high schools.

SPIB tests are orally administered. The response format is true-false or picture selection so that students are not penalized for reading deficiencies. There is one format and one level comprising 227 items. It usually takes 15-25 minutes for each of the nine tests.

The SPIB was developed and researched at the Rehabilitation Research and Training Center in Mental Retardation at the University of Oregon.

SOCIAL AND PREVOCATIONAL INFORMATION BATTERY, FORM T

The SPIB-T edition is designed especially for use with mildly to moderately retarded (TMR) students. Changes were made in the administration directions, item response formats, and word difficulty in the original.

SOUTHERN CALIFORNIA FIGURE-GROUND PERCEPTION TEST

This test assesses figure-ground perception in children and adults. The test is comprised of pairs of achromatic plates, nine of which use overlapping outlines of common objects and nine of which use embedded geometric figures. The test can be administered with students ages 4 through 10 and may be administered in approximately 20 minutes.

SPELLMASTER: SPELLING, TESTING, AND EVALUATION

This is a diagnostic spelling test which measures the following three categoies of words: regular words with uniform phoneme-grapheme correspondences, irregular words which do not follow basic phonological and morphological rules, and homonyms which must be learned in conjunction with their meaning. A scope-and-sequence chart that contains all the regular phonic and structural elements tested is included. By using this chart an initial level for diagnostic testing can be selected. Other parts of the program include student-response sheets, class-data charts for profiling the performance of an entire class, and individual progress records for specific students.

SRA PRIMARY MENTAL ABILITIES TEST

This test indicates grade placement for ability grouping. Areas tested include: verbal meaning, perceptual speed, spatial ability, reasoning, and number sense. The primary battery requires no reading.

STANFORD ACHIEVEMENT TEST

This achievement test is designed to assess skill development in the following academic areas: vocabulary, reading comprehension, word study skills, mathematics concepts, mathematics computation, mathematics applications, spelling, language, social science, science, and listening comprehension. Three forms of the test are available at six levels from grades 1.5 to 9.5. The description of item-by-item behavior samplings and provision of specific instructional objectives make it useful to the classroom teacher. There are two special editions for assessing the blind or partially sighted and one for the deaf.

STANFORD ACHIEVEMENT TEST

The individually administered SAT is both a norm-referenced and "objective referenced" test designed to assist skill development in several academic content areas. Three forms of the test, A, B, C, are available at six levels from grades 1.5 to 9.5.

Standardization is outstanding. Reliabilities range from .65 to .97 with the majority between .85 and .95. Content validity is adequate.

A variety of transformed scores are obtained: stanines, grade equivalent scores, percentiles, age scores, and various standard scores.

STANFORD-BINET INTELLIGENCE SCALE

An individual measure of intelligence which yields an IQ. The test ranges in difficulty from the 2-year level to the superior-adult level. In general, this test stresses verbal skills. Only individuals who have received specific training are qualified to administer this test.

STANFORD DIAGNOSTIC MATHEMATICS TEST

This is a group-administered test designed to be both norm-referenced and criterion-referenced. The test measures competence in the basic mathematical concepts and skills that are important in daily affairs and prerequisite to the continued study of mathematics. The primary purpose of the test is to identify specific areas in which a student is having difficulty. Each of four levels consists of three subtests: number system and numeration, computation, and application.

STANFORD FUNCTION DEVELOPMENTAL ASSESSMENT

This very detailed sequential scale offers behavioral tasks for evaluating both fine and gross motor skills. Gross motor skills include strength and coordination, locomotion, balance, eye-foot coordination, and visual motor-upper limbs. Fine motor skills include reach, carry, and bilateral coordination, prehension, thumb-finger manipulation, grasp, placement, release, and eye-hand coordination, and graphics.

STANFORD TEST OF ACADEMIC SKILLS

This test is an upward extension of the SAT. It is used to assess the preparation of high school students in the basic skill areas of reading, English, and math. A total of approximately 120 minutes is required for administration.

STRUCTURED PHOTOGRAPHIC LANGUAGE TEST

The purpose of the SPLT is to evaluate a sample of a child's expression of various syntactical structures and forms under controlled conditions. This test measures the 4-0 to 8-11 year old child's generation of specific structures, using controlled visual and auditory stimuli. Each structure is elicited by an introductory statement and photograph. Responses to be generated by the subject are in the form of sentences. The sentences generated include affirmatives, negatives, imperatives, "wh" questions, and interrogative reversals.

STUTTERING SEVERITY INSTRUMENT

This is an individually administered instrument used for school age children and adults. It can be used with readers and nonreaders. The instrument meets the criteria of simplicity, objectivity, and sensitivity to fluency changes. The SSI measures severity in three parameters: frequency of repetition and prolongation of sounds and syllables, and observable physical concomitants.

Reliability and validity have been established. Administration yields a numerical score from 0-45 which provides an assessment of severity and a reference point for measuring clinical changes.

STUTTERING THEORY AND TREATMENT

This reference text covers evaluation and treatment of stuttering. It is divided into four parts: Basic Considerations, Mitigation of Stuttering, Therapy, and Management. The Management section is broken into Assessment (including appraisal, description of present stuttering, relevant history, experience and reaction) and Therapy and Counseling.

STUTTERING: THERAPY FOR CHILDREN

This text covers introduction to, diagnosis of, and therapy with the person who stutters. Therapeutics is divided according to stage: incipient, transitional, confirmed, and advanced. Provided in the appendix is a four-page checklist for use in diagnosis and evaluation, which focuses on overt speech patterns. Computes duration of repetitions of words, syllables, sounds, and hard contacts or prolongations.

TEMPLIN-DARLEY TESTS OF ARTICULATION

While this is a diagnostic test, 50 designated items can be used for screening purposes. The test taps a child's ability to produce vowels, diphthongs, single consonants, and consonant blends. During the test a child is required to say a series of single words that contain a test sound or a combination of sounds in a specific position. When these are not articulated properly, the child is given a correct pronunciation of the word and asked to repeat it. The degree of a child's intelligibility can be evaluated.

TEST OF AUDITORY COMPREHENSION

The TAC begins with simple auditory discrimination tasks and proceeds through ten subtests to a measure of the child's understanding of complex stories given with a competing message background. Administration averages about thirty minutes. The TAC was standardized on a national sample of 750 pupils, four to twelve years old, with moderate through profound hearing losses. Tests results produce a profile of the child's performance on a continuum of auditory abilities, providing a basis for placement on the Auditory Skills Curriculum available from the same company.

TEST OF AUDITORY COMPREHENSION OF LANGUAGE

The TACL is an individually administered test designed to measure receptive language in children from 3 to 6 years of age. The test includes 101 items which assess a child's receptive proficiency in vocabulary, morphology, and syntax. The child is required to respond to pictorial stimuli. No verbal response is required. The test manual contains data on reliability and validity.

TEST OF ADOLESCENT LANGUAGE

The TOAL is an individually administered multidimensional device for assessing language abilities of students in grades 7-12. It can be used to: (1) identify problems in spoken and written language, (2) specify areas in need of intervention, and (3) conduct research. Eight subtests provide information about Vocabulary (Semantics) and Grammar (Syntax) in the areas of Listening, Speaking, Reading, and Writing. Normative information is available for students aged 11-0 through 18-5, grade 7 to 12.

TEST OF CONCEPT UTILIZATION

The TCU is an individually administered clinical instrument which provides qualitative and quantitative assessment of the use of verbally expressed concepts and a classification of responses into a wide range of category detail. Subject is presented 50 pairs of colored pictures of common objects and must indicate verbally how they are alike or go together. Standardized on over 700 subjects from ages 4½ to 18½ years.

TEST OF LANGUAGE DEVELOPMENT

This highly standardized individually administered test is used with children ranging in age from 4 to 8 years, 11 months of age. The seven subtests measure selected aspects of semantics (Oral Vocabulary and Picture Vocabulary), syntax (Grammatic Understanding, Sentence Imitation and Grammatic Completion) and phonology (Word Articulation and Word Discrimination). A child's performance will reveal intra-individual strengths and weaknesses. The test can be administered in approximately 40 minutes.

TEST OF NONVERBAL AUDITORY DISCRIMINATION

TENVAD is a fully-recorded test designed to identify primary grade children who have auditory discrimination problems which may affect later academic success. Contains five subtests to assess discrimination of pitch, loudness, rhythm, duration, and timbre. Can be group administered and requires no special training.

TEST OF SYNTACTIC ABILITIES

The screening test describes a general profile of strengths and deficiencies in nine basic syntactic structures: negation, conjunction, determiners, question formation, verb processes, pronominalization, relativization, complementation, and nominalization. The diagnostic battery is an individually administered test consisting of twenty subtests that specifically evaluate each structure. This test is nationally standardized for prelingually, profoundly deaf from 10 through 18 years of age.

TEST OF WRITTEN LANGUAGE

The TOWL is used to identify students with difficulty in written expression, pinpoint specific areas of deficit, and conduct research. Yields information on seven areas of writing competence, including: (1) Word Usage (verb tenses, plurals, pronouns); (2) Style (punctuation and capitalization; (3) Spelling; (4) Thematic Maturity (construction of meaningful story); (5) Vocabulary; (6) Thought Units (# complete sentences); (7) Handwriting. Normative data are available for each six month age interval between 7-0 and 14-6.

TEST OF WRITTEN SPELLING

This test is designed to pinpoint a student's current spelling level as well as specify the basic types of words with which the student is having difficulty. The test is administered by dictating a list of predictable and a list of unpredictable words. Raw scores are translated into a spelling age score, a spelling quotient, and a spelling grade equivalent. The test can be administered individually or to a small group of children.

THE BOONE VOICE PROGRAM FOR CHILDREN

This program has been designed to provide guidelines and materials for diagnosis and remediation of voice disorders in children ranging from K through grade 6. The Boone program is administered individually and consists of the following major components: Screening, Evaluation and Referral Manual, and Remediation Manual.

THE DYSFLUENT CHILD: A MANAGEMENT PROGRAM

This reference text covers evaluation and treatment of stuttering in children. It is a good reference for developing a program for counseling parents on how to modify the environment to remove stress. Especially good for use with borderline cases where the child may be developing stuttering behaviors.

THE FLETCHER TIME BY COUNT TEST OF DIADOCHOKINETIC SYLLABLE RATE

This test was designed as a method for recording diadochokinetic syllable rate and comparing results to norms by age for 6 years through 13 years. Scores are recorded which represent the time consumed in 20, 15 and 10 repetitions of the syllables and syllable combinations listed on the chart. These scores are compared to a set of standardized norms.

THE GEIST PICTURE INVENTORY: MALE AND FEMALE

This instrument in most cases can be self-administered. It assesses quantitatively eleven male and twelve female general-interest areas and identifies motivating force behind occupational choice. A useful interest inventory in working with those having limited verbal ability is provided. Norms are available for grades 8 through 12, Junior College, University, Trade School, and various occupational groups.

THE STOCKER PROBE TECHNIQUE

The Stocker Probe Technique is an approach to the evaluation and treatment of stuttering in children. Designed to evaluate severity and differentiate as early as possible the confirmed stutterer from the child who demonstrates normal dysfluency, and to provide an ongoing measure of dysfluency from week to week. Technique includes phases of: Initial interview, Establishing baseline, Treatment, On-going evaluation, and Re-evaluation.

THE TEACHING RESEARCH MOTOR-DEVELOPMENT SCALE

Development of these scales is based on the need for a motor proficiency scale which was developmentally lower than existing motor scales. The scales are not to measure general intelligence, but rather motor proficiency. The kit includes needed equipment; number of trials; directions; scoring criteria; and points earned. The scale covers 51 different items related to such areas as standing, touching, stepping, ducking, tracing, cutting, pushups, running and more. A complete materials list is included along with a recommended recording form.

THE TESTING-TEACHING MODULE OF AUDITORY DISCRIMINATION

The TTMAD is divided into 2 portions: a test of auditory discrimination (TAD) and a series of games and activities for training. TAD is individually administered and tests 6 areas: initial and final consonants, initial and final blends and digraphs, and vowels and vowel combinations. Scores are interpreted by percentage correct, 80% indicates mastery. The TAD is criterion referenced, so no normative data were gathered.

THE TOKEN TEST FOR CHILDREN

The Token Test for Children is an individually administered screening tool designed as a rapid and effective measure for assessing subtle receptive language dysfunction in children. The test is divided into five parts, each presenting progressively longer and more complex commands, for a total of 61 items.

Responses are scored as correct or incorrect based on manipulation of tokens (large and small circles and squares of varying colors). No verbal responses are necessary. The Token Test for Children can be administered to children between the ages of 4 and 12 and takes approximately 8 minutes.

THE TREE/BEE TEST OF AUDITORY DISCRIMINATION

This test surveys auditory discrimination abilities in individuals or small groups between the ages of 3 and 9 (normed), through adults (not normed). Covers a wide range of tasks: discrimination of words, phrases, words-in-story comprehension, word pairs, same-different comparisons, pointing to words, and letter discrimination. Information on validity and reliability is provided in manual.

UTAH TEST OF LANGUAGE DEVELOPMENT

This test is designed to screen expressive and receptive verbal language skills in children from 1 to 15 years of age. General categories of language measured by the test include: repetition of digits, naming of colors, naming of pictures, copying designs, length of sentences, vocabulary, responding to simple demands, and reading. Results serve as a useful checklist of normal language development. The test can be administered in approximately 45 minutes and is probably best used as an estimate of a child's language development.

VINELAND SOCIAL MATURITY SCALE

This scale evaluates the degree or level of social competence through the measurement of personal social maturation. The scale establishes a hierarchy of performance which represents an index of capacity to take care of oneself and to participate in the adult activities of society. The 117 items on the scale are divided into sections on self-help (general), self-help (eating), self-help (dressing), locomotion, occupation, communication, self-direction, and socialization. The scale has provisions for social values up to age 30.

THE WORD TEST

This test was designed to probe a child's abilities in understanding and using his vocabulary/semantic systems. Selected testing areas include: Associations, Synonyms, Semantic Absurdities, Antonyms, Definitions, and Multiple Definitions. Designed for use with the language-disordered child above age of seven. Available information states that normative data are now being gathered.

TOTAL COMMUNICATION RECEPTIVE VOCABULARY TEST

This is a diagnostic instrument to measure receptive vocabulary acquisition in deaf and hard-of-hearing children ages 3-12 who use total communication. Norms are available on deaf, hard-of-hearing, and hearing children.

VERBAL LANGUAGE DEVELOPMENT SCALE

This scale is an indirect assessment of verbal language skills and is an extension of the communication portion of the Vineland Social Maturity Scale. Useful for preschool and school-aged children. Administered through interview with someone who knows the subject well.

VISUAL AURAL DIGIT SPAN TEST

The VADS Test is an individually administered instrument which provides a standardized measure of short-term memory. Designed as a diagnostic tool in assessing memory, recall, and sensory integration in children 5.5 to 12 years of age. It consists of four subtests, each of which requires the child to reproduce a series of two-digit to seven-digit numbers under different conditions. Easily administered and can be quickly scored and interpreted by use of well-researched normative data.

VOCABULARY COMPREHENSION SCALE

The Vocabulary Comprehension Scale provides information about a child's comprehension of pronouns and words of position, quality, quantity, and size. Four game-style activities make up the Scale: Garage, Tea Party, Buttons, and Miscellaneous. Brightly illustrated materials and objects are manipulated by the child in response to the examiner's spoken directions. This Scale is individually administered and is appropriate for children between the ages of 2 and 6. Administration time is 20 minutes. Standardization and normative data gathered from a culturally diverse, middle-income population in a metropolitan area at Texas are provided in the manual. Requires no verbalization on the part of the child.

VOICE PROBLEMS OF CHILDREN

This reference text contains specifics of assessment and treatment for voice disorders in children. It consists of twelve chapters, covering description, causes, assessment, therapy and habituation/dismissal. Assessment is divided into two sections: Examination I - Voice Team, Head and Neck, Case History; Examination II - Examinations by the Speech Pathologist.

WALKER PROBLEM BEHAVIOR IDENTIFICATION CHECKLIST

This checklist is used with elementary children with behavior problems. The rating scale can be administered by anyone familiar with the child and can be administered in several minutes. The checklist consists of five scales: Acting-out, Withdrawal, Distractibility, Disturbed Peer Relations, and Immaturity. The scale is normed for grades 4, 5, and 6.

WASHINGTON SPEECH SOUND DISCRIMINATION TEST

The WSSD Test is composed of five subtests, for a total of 53 test items. It is administered individually and permits the quick evaluation of speech sound discrimination ability of children ranging in age from three to kindergarten age. This test does not require a verbal response, nor is the child required to make a same-different discrimination. A scoring table is available by which an age level of functioning to the nearest half year can be reported.

WECHSLER ADULT INTELLIGENCE SCALE

This individual intelligence test measures primarily the same behavior as the other Wechsler scales. The major difference in this scale is for those over 16 years of age and older. This test can be administered only by individuals who have received specific training.

WECHSLER INTELLIGENCE SCALE FOR CHILDREN

This standardized intelligence test gives separate IQ scores for a verbal scale, performance scale, and total scale. The test can be used with children age 6 through 16. Only individuals who have received specific training are qualified to administer this test.

WECHSLER INTELLIGENCE SCALE FOR CHILDREN - REVISED

In its revised edition this standardized intelligence test gives separate IQ scores for a verbal scale, performance scale, and total scale. The verbal scale includes six subtests: information, comprehension, arithmetic, similarities, vocabulary, and digit span. The performance scale also includes six subtests: picture completion, picture arrangement, block design, coding, object assembly, and mazes. The test can be used with children from age 6 through 16. This test can be administered only by individuals who have received specific training.

WEISS COMPREHENSIVE ARTICULATION TEST

The WCAT is an individually administered tool to assess articulatory patterns of persons from preschool-age up. Available in two forms: pictures and sentences. Samples consonants, vowels, diphthongs, and consonant blends. Yields an articulation score and age, intelligibility score, auditory-visual stimulability score, and number of misarticulations. Data on validity and reliability are available.

WIDE RANGE ACHIEVEMENT TEST

Achievement test designed for ages 5 years to 64 years. Consists of reading test (recognizing and naming letters, pronouncing words out of context), spelling test (copying marks resembling letters, writing name, writing words to dictation), and arithmetic (counting, reading number symbols, solving oral problems, and written computations). Yields grade equivalent standard score, and percentile rank. The arithmetic subtest is relatively good for use with the hearing impaired because, except for early level skills, the need for verbal directions is minimal.

WIDE RANGE INTEREST-OPINION TEST

The WRIOT consists of 450 pictures arranged in 150 combinations of three which may be administered in groups or individually. The WRIOT pictures are useful in the study of persons of good ability, but limited schooling and inferior reading ability. Norms are available for males and females ages 5 to 35 and up.

WILLEFORD BATTERY OF CENTAL AUDITORY PROCESSING SKILLS

This test is designed to assess 4 major areas of central auditory processing skills. It consists of subtests that measure binaural separation, filtered speech perception, binaural fusion, and alternating speech perception. Each subtest is scored individually allowing the examiner to determine discrete and specific areas of difficulty. The Willeford will measure the performance of 5-year-olds through adults and takes approximately 1 hour to administer in total. The test is designed to be administered by a trained professional in an audiometric suite with the use of earphones. The answer mode requires a verbal response and interpretation of message from the client.

WILSON VOICE PROFILE

Wilson Voice Profile is part of a kit that includes treatment and evaluation for voice disorders. The profile provides for information regarding hoarseness, pitch, resonance, and gives a scale for rating severity.

WOODCOCK-JOHNSON PSYCHO-EDUCATIONAL BATTERY, BOOK 2

The test battery integrates tests of cognitive ability, learning aptitude, scholastic achievement, and interest level. Book 2 contains ten achievement tests and five interest-level tests. Response booklets accompany each book. Norms are based on a sample of over 4,000 subjects ranging from age 3 to 80 years and older. Extensive reliability and validity data are presented in the technical manual. All scores provided in the battery are cluster scores. Also for each individual subtest, grade equivalents, age equivalents, W-scores, percentile ranks and normal curve equivalents are available. Detailed examiner training instructions and structured page-by-page testing directions are provided.

WOODCOCK READING MASTERY TESTS

This is an individually administered battery of tests designed to assess skill development in the following five areas: letter identification, word identification, word attack, word comprehension, and passages comprehension. Two forms of the test are designed for students from kindergarten through grade 12. Results are combined to provide a composite index for overall reading skill. The mastery scale provides an index of a student's reading proficiency at different levels of difficulty. Diagnostic data that may help a classroom teacher pinpoint skill development strengths and weaknesses in order to plan a remedial program are provided by this test.

YELLOW BRICK ROAD

This test provides a comprehensive overview of learning aptitudes, scholastic achievement, cognitive ability, and interest level. Test results provide information for specific diagnostic procedures and instructional planning. Complete battery consists of 27 tests divided into 3 major parts: cognitive ability, achievement, and interest level. To be used with students from age 3 to adult.

III

INDIVIDUALIZED EDUCATION PROGRAMS FOR THE HANDICAPPED

This part contains fifty-nine questions and answers which focus on Individualized Education Programs (IEP) for handicapped students as defined in Public Law 94-142. These questions and answers were published in the Federal Register on Monday, January 19, 1981, under the title of Notice of Interpretation and have the force and effect of law, amending 121:340 - 121:349 (Public Law 94-142). There are two parts ofIEP requirements: (1) theIEP meeting at which parents and school personnel jointly make decisions concerning a child's educational program, and (2) the IEP document, which is a written record of the decisions made at the meeting. Some questions refer the reader to other sources for clarification. All regulations referred to can be found in Part I except those which are followed by an asterisk referring the reader to the original text.

Q. Who is responsible for ensuring the development of IEPs for handicapped children served by a public agency other than on Local Education Agency (LEA)?

A. The answer will vary from State to State, depending upon State law, policy, or practice. In each State, however, the State Education Agency (SEA) is ultimately responsible for ensuring that each agency in the State is in compliance with the Individual Education Programs (IEP requirements and the other provisions of the Act and regulations. (See 300.600* regarding SEA responsibility for all education programs.)

The SEA must ensure that every handicapped child in the State has available a free appropriate public education (FAPE), regardless of which agency, State or local, is responsible for the child. While the SEA has flexibility in deciding the best means to meet this obligation (through interagency agreements), there can be no failure to provide FAPE due to jurisdictional disputes among agencies.

Note: Section 300.2(b)* states that the requirements of the Act and regulations apply to all political subdivisions of the State that are involved in the education of handicappd children including (1) the SEA, (2) LEAs, (3) other State agencies (such as Departments of Mental Health and Welfare, and State schools for the deaf or blind), and (4) State correctional facilities.

The following paragraphs outline (1) some of the SEA's responsibilities for developing policies or agreements under a variety of interagency situations, and (2) some of the responsibilities of an LEA when it initiates the placement of a handicapped child in a school or program operated by another State agency:

a. **SEA POLICIES OR INTERAGENCY AGREEMENTS.** The SEA, through its written policies or agreements, must ensure that IEPs are properly written and implemented for all handicapped children in the State. This applies to each interagency situation that exists in the State, including any of the following: (1) When an LEA initiates the placement of a child in a school or program operated by another State agency (see "LEA-Initiated Placements" in paragraph "b" below); (2) when a State or local agency other than the SEA or LEA places a child in a residential facility or other program; (3) when parents initiate placements in public institutions; and (4) when the courts make placements in correctional facilities.

Note: This is not an exhaustive list. The SEA's policies must cover any other interagency situation that is applicable in the State, including placements that are made for both educational and for non-educational purposes.

Frequently, more than one agency is involved in developing or implementing a handicapped child's IEP (e.g., when the LEA remains responsible for the child, even though another public agency provides the special education and related services, or when there are shared cost arrangements). It is important that SEA policies or agreements define the role of each agency involved in the situations described above, in order to resolve any jurisdictional problems that could delay the provision of a free appropriate public education to a handicapped child. For example, if a child is placed in a residential facility, any one or all of the following agencies might be involved in the development and/or implementation of the child's IEP. The child's LEA, the SEA, another State agency, an institution or school under that agency, and the LEA where the institution is located.

Note: The SEA must also ensure that any agency involved in the education of a handicapped child is in compliance with the "least restrictive environment" provisions of the Act and regulations, and, specifically, with the requirement that each handicapped child's placement (1) be determined at least annually, (2) be based on the child's IEP, and (3) be as close as possible to the child's home (300.552(a), "Placements).

b. **LEA-INITIATED PLACEMENTS.** When an LEA is responsible for the education of a handicapped child, the LEA is also responsible for developing the child's IEP. The LEA has this responsibility even if development of the IEP results in placement in a State operated school or program.

Note: The IEP must be developed before the child is placed. See question below). When placement in a State-operated school is necessary, the affected State agency or agencies must be involved by the LEA in the development of the the IEP. (See response to question below, regarding participation of a private school representative at the IEP meeting.)

After the child enters the State school, meetings to review or revise the child's IEP could be conducted by either the LEA or the State school, depending upon State law, policy, or practice. However, both agencies should be involved in any decisions made about the child's IEP (either by attending the IEP meetings, or through correspondence or telephone calls). There must be a clear decision, based on State law, as to whether responsibility for the child's education is transferred to the State school or remains with the LEA, since this decision determines which agency is responsible for reviewing or revising the child's IEP.

Q. For a child placed out of State by a public agency, is the placing or receiving State responsible for the child's IEP?

A. The "placing" State is responsible for developing the child's IEP and ensuring that it is implemented. The determination of the specific agency in the placing State that is responsible for the child's IEP would be based on State law, policy, or practice. However, as indicated in Question 1, above, the SEA in the placing State is responsible for ensuring that the child has available a free appropriate public education.

Note: The Department is considering the possibility of publishing a separate document on out-of-State placements. That paper would address the responsibilities of the placing and receiving States under both EHA-B and Section 504 of the Rehabilitation Act of 1973.

Q. In requiring that an IEP be in effect before special education and related services are provided, what does "be in effect" mean?

A. As used in the regulations, the term "be in effect" means that the IEP (1) has been developed properly (i.e., at a meeting(s) involving all of the participants specified in the Act (parent, teacher, agency representative, and where appropriate, the child); (2) is regarded by both the parents and agency as appropriate in terms of the child's needs, specified goals and objectives, and the services to be provided; and (3) will be implemented as written.

Q. How much of a delay is permissible between the time a handicapped child's IEP is finalized and when special education is provided?

A. In general, no delay is permissible. It is expected that the special education and related services set out in a child's IEP will be provided by the agency beginning immediately after the IEP is finalized. The comment following Section 300.342 identifies some exceptions (1) when the meetings occur during the summer or other vacation period, or (2) when there are circumstances which require a short delay, such as working out transportation arrangements). However, unless otherwise specified in the IEP, the IEP services must be provided as soon as possible following the meeting.

Note: 300.346(d) requires that the IEP include the "projected dates of services."

Q. For a handicapped child receiving special education for the first time, when must an IEP be developed--before placement or after placement?

A. An IEP must "be in effect before special education and related services are provided to a child." (300.342(b)(1), emphasis added.) The appropriate placement for a given handicapped child cannot be determined until after decisions have been made about what the child's needs are and what will be provided. Since these decisions are made at the IEP meeting, it would not be permissible to first place the child and then develop the IEP. Therefore, the IEP must be developed before placement. The above requirement does not preclude temporarily placing an eligible handicapped child in a program as part of the evaluation process--before the IEP is finalized--to aid in determining the most appropriate placement for the child. It is essential that the temporary placement not become the final placement before the IEP is finalized. In order to ensure that this does not happen, the State might consider requiring LEAs to take the following actions:

a. Develop an "interim" IEP for the child, which sets out the specific conditions and timeliness for the trial placement. (See paragraph "c", below.)

b. Ensure that the parents agree to the interim placement before it is carried out, and that they are involved throughout the process of developing, reviewing, and revising the child's IEP.

c. Set a specific timeline (e.g., 30 days) for completing the evaluation and making judgments about the most appropriate placement for the child.

d. Conduct an IEP meeting at the end of the trial period in order to finalize the child's IEP.

Note: Once a handicapped child's IEP is in effect and the child is placed in a special education program, the teacher might develop detailed lesson plans or objectives based on the IEP. However, these lesson plans and objectives are not required to be a part of the IEP itself. (See Questions, below, regarding IEP goals and objectives.)

Q. If a handicapped child has been receiving special education in one LEA and moves to another community, must the new LEA hold an IEP meeting before the child is placed in a special education program?

A. It would not be necessary for the new LEA to conduct an IEP meeting if: (1) A copy of the child's current IEP is available; (2) the parents indicate that they are satisfied with the current IEP; and (3) the new LEA determines that the current IEP is appropriate and can be implemented as written.

If the child's current IEP is not available, or if either the LEA or the parents believes that it is not appropriate, an IEP meeting would have to be conducted. This meeting should take place within a short time after the child enrolls in the new LEA (normally, within one week).

Note: The child must be placed in a special education program immediately after the IEP is finalized. (See question above.)

If the LEA or the parents believe that additional information is needed (e.g., the school records from the former LEA) or that a new evaluation is necessary before a final placement decision can be made, it would be permissible to temporarily place the child in an interim program before the IEP is finalized.

Q. What is the purpose of the 30 day timeline in Section 300.343(c)?

A. The 30 day timeline in 300.343(c) ensures that there will not be a significant delay between the time a child is evaluated and when the child begins to receive special education. Once it is determined--through the evaluation--that a child is handicapped, the public agency has up to 30 days to hold an IEP meeting.

Note: See questions above regarding finalization of IEP and placement of the child.

Q. Must the agency hold a separate meeting to determine a child's eligibility for special educaton and related services, or can this step be combined with the IEP meeting?

A. Paragraph (e) of 300.532 (Evaluation procedures) provides that the evaluation of each handicapped child must be "made by a multidisciplinary team or group of persons . . . ." The decisions regarding (1) whether the team members actually meet together, and (2) whether such meetings are separate from the IEP meeting, are matters that are left to the discretion of State or legal agencies.

In practice, some agencies hold separate eligibility meetings with the multidisciplinary team before the IEP meeting.

Note: When separate meetings are conducted, placement decisions would be made at the IEP meeting. However, placement options could be discussed at the eligibility meeting.

Other agencies combine the two steps into one. If a combined meeting is conducted, the public agency must include the parents as participants at the meeting. (See 300.345 for requirements on parent participation.)

Note: If, at a separate eligibility meeting, a decision is made that a child is not eligible for special education, the parents should be notified about the decision.

Q. Must IEPs be reviewed or revised at the beginning of each school year?

A. No. The basic requirement in the regulations is that IEPs must be in effect at the beginning of each school year. Meetings must be conducted at least once each year to review and, if necessary, revise each handicapped child's IEP. However, the meetings may be held anytime during the year, including (1) at the end of the school year, (2) during the summer, before the new school year begins, or (3) on the anniversary date of the last IEP meeting on the child.

Q. How frequently must IEP meetings be held and how long should they be?

A. Section 614(a)(5)* of the Act provides that each public agency must hold meetings periodically, but not less than annually, to review each child's IEP and, if appropriate, revise its provisions. The legislative history of the Act makes it clear that there should be as many meetings a year as any one child may need. (121 Cong. Rec. 29428-29 (Nov. 19, 1975) (remarks of Senator Stafford)).*

There is no prescribed length for IEP meetings. In general, meetings (1) will be longer for initial placements and for children who require a variety of complex services, and (2) will be shorter for continuing placements and for children who require only a minimum amount of services. In any event, however, it is expected that agencies will allow sufficient time at the meetings to ensure meaningful parent participation.

Q. Who can initiate IEP meetings?

A. IEP meetings are initiated and conducted at the discretion of the public agency. However, if the parents of a handicapped child believe that the child is not progressing satisfactorily or that there is a problem with the child's current IEP, it would be appropriate for the parents to request an IEP meeting. The public agency should grant any reasonable request for such a meeting.

Note: Under 300.506(a),* the parents or agency may initiate a due process hearing at any time regarding any matter related to the child's IEP.

If a child's teacher(s) feels that the child's placement or IEP services are not appropriate to the child, the teacher(s) should follow agency procedures with respect to (1) calling or meeting with the parents and/or (2) requesting the agency to hold another meeting to review the child's IEP.

Q. May IEP meetings be tape-recorded?

A. The use of tape recorders at IEP meetings is not addressed by either the Act or the regulations. Although taping is clearly not required, it is permissible at the option of either the parents or the agency. However, if the recording is maintained by the agency, it is an "education record", within the meaning of the Family Educational Rights and Privacy Act ("FERPA"; 20 U.S.C. 1232g),*and would, therefore, be subject to the confidentiality requirements of the regulations under both FERPA (34 CFR Part 99)*and EHA-B (34 CFR 300.560-565).

Q. Who can serve as the "representative of the public agency" of an IEP meeting?

A. The "representative of the public agency" could be any member of the school staff, other than the child's teacher, who is "qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of handicapped children." (Section 602(19) of the Act.)* Thus, the agency representative could be (1) a qualified special education administrator, supervisor, or teacher (including a speech-language pathologist), or (2) a school principal or other administrator--if the person is qualified to provide, or supervise the provision of, special education.

Each State or local agency may determine which specific staff member will serve as the agency representative. However, the representative should be able to ensure that whatever services are set out in the IEP will actually be provided and that the IEP will not be vetoed at a higher administrative level within the agency. Thus, the person selected should have the authority to commit agency resources (i.e., to make decisions about the specific special education and related services that the agency will provide to a particular child).

For a handicapped child who requires only a limited amount of special education, the agency representative able to commit appropriate resources could be a special education teacher, speech pathologist, other than the child's teacher. For a child who requires extensive special education and related services, the agency representative might need to be a key administrator in the agency.

Note: IEP meetings for continuing placements could be more routine than those for initial placements, and, thus, might not require the partcipation of a key administrator.

Q. Who is the "representative of the public agency" if a handicapped child is served by a public agency other than the SEA or LEA?

A. The answer depends on which agency is responsible, under State law, policy, or practices, for any one or all of the following: (1) the child's education, (2) placing the child, (3) providing (or paying for the provision of) special education and related services to the child.

In general, the agency representative at the IEP meeting would be a member of the agency or institution that is responsible for the child's education. For example, if a State agency (1) places a child in an institution, (2) is responsible under State law for the child's education, and (3) has a qualified special education staff at the institution, then a member of the institution's staff would be the agency representative at the IEP meetings.

Sometimes there is no special education staff at the institution, and the children are served by special education personnel from the LEA where the institution is located. In this situation, a member of the LEA staff would usually serve as the agency representative.

Note: In situations where the LEA places a child in an institution, paragraph "b" of the response to the first question, above, would apply.

Q. For a handicapped child being considered for initial placement in special education, which teacher should attend the IEP meeting?

A. The teacher could be either (1) a teacher qualified to provide special education in the child's area of suspected disability, or (2) the child's regular teacher. At the option of the agency, both teachers could attend. In any event, there should be at least one member of the school staff at the meeting (e.g., the agency representative or the teacher) who is qualified in the child's area of suspected disability.

Note: Sometimes more than one meeting is necessary in order to finalize a child's IEP. If, in this process, the special education teacher who will be working with the child is identified, it would be useful to have that teacher participate in the meeting with the parents and other members of the IEP team in finalizing the IEP. When this is not possible, the agency should ensure that the teacher is given a copy of the child's IEP as soon as possible after the IEP is finalized and before the teacher begins working with the child.

Q. If a handicapped child is enrolled in both regular and special education classes, which teacher should attend the IEP meeting?

A. In general, the teacher at the IEP meeting should be the child's special education teacher. At the option of the agency or the parent, the child's regular teacher also might attend. If the regular teacher does not attend, the agency should either provide the regular teacher with a copy of the IEP or inform the regular teacher of its contents. Moreover, the agency should ensure that the special education teacher, or other appropriate support person, is able, where necessary, to consult with and be a resource to the child's regular teacher.

Q. If a handicapped child in high school attends several regular classes, must all of the child's regular teachers attend the IEP meeting?

A. No. Only one teacher must attend. However, at the option of the LEA, additional teachers of the child may attend. The following points should be considered in making this decision:

a. Generally, the number of participants at IEP meetings should be small. Small meetings have several advantages over large ones. For example, they (1) allow for more open, active parent involvement, (2) are less costly, (3) are easier to arrange and conduct, and (4) are usually more productive.

Note: In an informal examination of IEPs from five States, Department staff found that, on the average, IEP meetings were attended by four persons.

b. While large meetings are generally inappropriate, there may be specific circumstances in which the participation of additional staff would be beneficial. When the participation of the regular teachers is considered by the agency or the parents to be beneficial to the child's success in school (e.g., in terms of the child's participation in the regular education program), it would be appropriate for them to attend the meeting.

c. Although the child's regular teachers would not routinely attend IEP meetings, they should either (1) be informed about the child's IEP by the special education teacher or agency representative, and/or (2) receive a copy of the IEP itself.

Q. If a the child's primary handicap is a speech impairment, must the child's regular teacher attend the IEP meeting?

A. No. A speech-language pathologist would usually serve as the child's "teacher" for purposes of the IEP meeting. The regular teacher could also attend at the option of the school.

Q. If a child is enrolled in a special education class because of a primary handicap, and also receives speech-language pathology services, must both specialists attend the IEP meeting?

A. No. It is not required that both attend. The special education teacher would attend the meeting as the child's "teacher". The speech-language pathologist could either (1) participate in the meeting itself, or (2) provide a written recommendation concerning the nature, frequency, and amount of services to be provided to the child.

Q. When may representatives of teacher organizations attend IEP meetings?

A. Under the Family Educational Rights and Privacy Act ("FERPA"; 20 U.S.C. 1232g)* and implementing regulations (34 CFR Part 99),* officials of teacher organizations may not attend IEP meetings at which personally identifiable information from the student's education records may be discussed--except with the prior written consent of the parents. (See 34 CFR 99.30(a)(1).)*

In addition, EHA-B does not provide for the participation of representatives of teacher organizations at IEP meetings. The legislative history of the Act makes it clear that attendance at IEP meetings should be limited to those who have an intense interest in the child (121 Cong. Rec. 10974 (June 18, 1975) (remarks of Sen. Randolph).) Since a representative of a teacher organization would be concerned with the interests of the teacher rather than the interests of the child, it would be inappropriate for such an official to attend an IEP meeting.

Q. When may a handicapped child attend an IEP meeting?

A. Generally, a handicapped child should attend the IEP meeting whenever the parents decide that it is appropriate for the child to do so. Whenever possible, the agency and parents should discuss the appropriateness of the child's participation before a decision is made, in order to help the parents determine whether or not the child's attendance will be (1) helpful in developing the IEP and/or (2) directly beneficial to the child. The agency should inform the parents before each IEP meeting--as part of the "notice of meeting" required under 300.345(b)--that they may invite their child to participate.

Note: The parents and agency should encourage older handicapped children (particular those at the secondary school level) to participate in their IEP meetings.

Q. Do the parents of a handicapped student retain the right to attend the IEP meeting when the student reaches the age of majority?

A. The Act is silent concerning any modification of the rights of a handicapped student's parents when the student reaches the age of majority. The Department is considering providing further guidance on this issue in a separate document.

Q. Must related services personnel attend IEP meetings?

A. No. It is not required that they attend. However, if a handicapped child has an identified need for related services, it would be appropriate for the related services personnel to attend the meeting or otherwise be involved in developing the IEP. For example, when the child's evaluation indicates the need for a specific related service (e.g., physical therapy, or counseling), the agency should ensure that a qualified provider of that service either (1) attends the IEP meeting, or (2) provides a written recommendation concerning the nature, frequency, and amount of service to be provided to the child.

Note: This written recommendation could be a part of the evaluation report.

Q. Are agencies required to use a case manager in the development of a handicapped child's IEP?

A. No. However, some agencies have found it helpful to have a special educator or some other school staff member (e.g., a social worker, counselor, or psychologist) serve as coordinator or case manager of the IEP process for an individual child or for all handicapped children served by the agency. Examples of the kinds of activities which case managers might carry out are (1) coordinating the multidisciplinary evaluation; (2) collecting and synthesizing the evaluation reports and other relevant information about a child that might be needed at the IEP meeting; (3) communicating with the parents; and (4) participating in, or conducting, the IEP meeting itself.

Q. For a child with a suspected speech impairment, who must represent the evaluation team of the IEP meeting?

A. No specific person must represent the evaluation team. However, a speech-language pathologist would normally be the most appropriate representative. For many children whose primary handicap is a speech impairment, there may be no other evaluation personnel involved. The comment following 300.532 (Evaluation procedures) states:

Children who have a speech impairment as their primary handicap may not need a complete battery of assessments (e.g., psychological, physical, or adaptive behavior). However, a qualified speech-language pathologist would (1) evaluate each speech impaired child using procedures that are appropriate for the diagnosis and appraisal of speech and language disorders, and (2) where necessary, make referrals for additional assessments needed to make an appropriate placement decision.

Q. What is the role of the parents at an IEP meeting?

A. The parents of a handicapped child are expected to be equal participants along with school personnel, in developing, reviewing, and revising the child's IEP. This is an active role in which the parents (1) participate in the discussion about the child's need for special education and related services, and (2) join with the other participants in deciding what services the agency will provide to the child.

Note: In some instances, parents might elect to bring another participant to the meeting, e.g., a friend or neighbor, someone outside of the agency who is familiar with applicable laws and with the child's needs, or a specialist who conducted an independent evaluation of the child.)

Q. What is the role of a surrogate parent at an IEP meeting?

A. A surrogate parent is a person appointed to represent the interests of a handicapped child in the educational decision-making process when that child has no other parent representation. The surrogate has all of the rights and responsibilities of a parent under EHA-B. Thus, the surrogate parent is entitled to (1) participate in the child's IEP meeting, (2) see the child's education records, and (3) receive notice, grant consent, and invoke due process to resolve differences. (See 300.514, Surrogate parents.)

Q. Must the public agency let the parents know who will be at the IEP meeting?

A. Yes. In notifying parents about the meeting, the agency "must indicate the purpose, time, and location of the meeting, and who will be in attendance." (300.345(b).) Where possible, the agency should give the name and position of each person who will attend. In addition, the agency should inform the parents of their right to bring other participants to the meeting. (See the question above regarding participation of the child.) It is also appropriate for the agency to ask whether the parents intend to bring a participant to the meeting.

Q. Are parents required to sign IEPs?

A. Parent signatures are not required by either the Act or regulations. However, having such signatures is considered by parents, advocates, and public agency personnel to be useful.

Note: A national survey conducted under contract with the Department indicates that, in practice, most IEPs are signed by parents.)

The following are some of the ways in which IEPs signed by parents and/or agency personnel might be used:

a. A signed IEP is one way to document who attended the meeting.

Note: This is useful for monitoring and compliance purposes.

If signatures are not used, the agency must document attendance in some other way.

b. An IEP signed by the parents is one way to indicate that the parents approved the child's special education program.

Note: If, after signing, the parents feel that a change is needed in the IEP, it would be appropriate for them to request another meeting.

c. An IEP signed by an agency representative provides the parents a signed record of the services that the agency has agreed to provide.

Note: Even if the school personnel do not sign, the agency still must provide, or ensure the provision of, the services called for in the IEP.

Q. If the parent signs the IEP, does the signature indicate consent for initial placement?

A. The parent's signature on the IEP would satisfy the consent requirement concerning placement of the child 300.504(b)(1)(ii) only if the IEP includes a statement on initial placement which meets the definition of "consent" in 300.500.

"Consent" means that: (a) the parent has been fully informed of all information relevant to the activity for which consent is sought * * *

(b) The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) which will be released and to whom, and

(c) The parent understands that the granting of consent is voluntary * * * and may be revoked at any time.

Q. Do parents have the right to a copy of their child's IEP?

A. Yes. Section 300.345(f) states that "the public agency shall give the parent, on request, a copy of the individualized education program." In order that parents may know about this provision, it is recommended that they be informed about it at the IEP meeting and/or receive a copy of the IEP itself a reasonable time following the meeting.

Note: The National Committee for Citizens in Education reports that in a 1979 survey of approximately 2,500 parents of handicapped chilren in 46 States, nearly 60% indicated that a completed copy of the IEP had been made available for them to keep.

Q. Must parents be informed at the IEP meeting of their right to appeal?

A. If the agency has already informed the parents of their right to appeal, as it is required to do under the prior notice provisions of the regulations (300.504-300.505), it would not be necessary for the agency to do so again at the IEP meeting.

Section 300.504(a) of the regulations states that "written notice which meets the requirements under 300.505 must be given to parents a reasonable time" before the public agency proposes or refuses "to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child."

Section 300.505(a) states that the notice must include "(1) A full explanation of all procedural safeguards available to parents" under the due process provisions of the regulations (300.500-300.589).*

The IEP meeting serves as a communication vehicle between parents and school personnel, and enables them, as equal participants, to jointly decide upon what the child's need are, what will be provided, and what the anticipated outcomes may be. If, during the IEP meeting, parents and school staff are unable to reach agreement, the agency should remind the parents that they may seek to resolve their differences through the due process procedures under the Act.

Note: Section 300.500(a) states that "a parent or public educational agency may initiate a hearing on any matters described in 300.504(a)(1) and (2)."

Every effort should be made to receive differences between parents and school staff without resorting to a due process hearing i.e., through voluntary mediation or some other informal step). However, mediation or other informal procedures may not be used to deny or delay a parent's right to a due process hearing. (See 300.506. Impartial due process hearing.)

Q. Does the IEP include ways for parents to check the progress of their children?

A. In general, the answer is yes. The IEP document is a written record of decisions jointly made by parents and school personnel at the IEP meeting regarding a handicapped child's special education program. That record includes agreed upon items, such as goals and objectives, and the specific special education and related services to be provided to the child.

The goals and objectives in the IEP should be helpful to both parents and school personnel, in a general way, in checking on a child's progress in the special education program. (See questions below, regarding goals and objectives in the IEP.) However, since the IEP is not intended to include the specifics about a child's total educational program that are found in daily, weekly, or monthly instructional plans, parents will often need to obtain more specific, on-going information about the child's progress--through parent-teacher conferences, report cards and other reporting procedures ordinarily used by the agency.

Q. Must IEPs include specific "checkpoint intervals" for parents to confer with teachers and to revise or update their children's IEPs?

A. No. A handicapped child's IEP is not required to include specific "checkpoint intervals" (i.e., meeting dates) for reviewing the child's progress However, in individual situations, specific meeting dates could be designated in the IEP, if the parents and school personnel believe that it woul be helpful to do so.

Although meeting dates are not required to be set out in IEP itself, there are specific provisions in the regulations and in this document regarding agency responsibilities in initiating IEP meetings, including the following: (1) Public agencies must hold meeting periodically, but not less than annually to review, and if appropriate, revise, each child's IEP (300.343(d); (2) there should be as many meetings a year as the child needs; and (3) agencies should grant any reasonable parental request for an IEP meeting.

In addition to the above provisions, it is expected that, through an agency's general reporting procedures for all children in school, there will be specific designated times for parents to review their children's progress (e.g., through periodic parent-teacher conferences, and/or the use of report cards, letters, or other reporting devices).

Q. If the parents and agency are unable to reach agreement at an IEP meeting, what steps should be followed until agreement is reached?

A. As a general rule, the agency and parents would agree to an interim course of action for serving the child (i.e., in terms of placement and/or services) to be followed until the area of disagreement over the IEP is resolved. The manner in which this interim measure is developed and agreed to by both parties is left to the discretion of the individual State or local agency. However, if the parents and agency cannot agree on an interim measure, the child's last agreed upon IEP would remain in effect in the areas of disagreement until the disagreement is resolved. The following may be helpful to agencies when there are disagreements:

a. There may be instances where the parents and agency are in agreement about the basic IEP services (e.g., the child's placement and/or the special education services), but disagree about the provision of a particular related service (i.e., whether the service is needed and/or the amount to be provided). In such cases, it is recommended (1) that the IEP be implemented in all areas in which there is agreement, (2) that the document indicate the points of disagreement, and (3) that procedures be initiated to resolve the disagreement.

b. Sometimes the disagreement is with the placement or kind of special education to be provided (e.g., one party proposes a self-contained placement, and the other proposes resource room services). In such cases, the agency might, for example, carry out any one or all of the following steps: (1) Remind the parents that they may resolve their differences through the due process procedures under EHA-B; (2) work with the parents to develop an interim course of action (in terms of placement and/or services) which both parties can agree to until resolution is reached; and (3) recommend the use of mediation, or some other informal procedure for resolving the differences without going to a due process hearing (See the question above regarding the right to appeal).

c. If, because of the disagreement over the IEP, a hearing is initiated by either the parents or agency, the agency may not change the child's placement unless the parents and agency agree otherwise. (See 300.513, Child's status during proceedings.) The following two examples are related to this requirement:

(1) A child in the regular fourth grade has been evaluated and found to be eligible for special education. The agency and parents agree that the child has a specific learning disability. However, one party proposes placement in a self-contained program, and the other proposes placement in a resource room. Agreement cannot be reached, and a due process hearing is initiated. Unless the parents and agency agree otherwise, the child would remain in the regular fourth grade until the issue is resolved.

On the other hand, since the child's need for special education is not in question, both parties might agree--as an interim measure--(1) to temporarily place the child in either one of the programs proposed at the meeting (self-contained program or resource room), or (2) to serve the child through some other temporary arrangement.

(2) A handicapped child is currently receiving special education under an existing IEP. A due process hearing has been initiated regarding an alternative special education placement for the child. Unless the parents and agency agree otherwise, the child would remain in the current placement. In this situation, the child's IEP could be revised, as necessary, and implemented in all of the areas agreed to by the parents and agency, while the area of disagreement (i.e., the child's placement) is being settled through due process.

Note: If the due process hearing concerns whether or not a particular service should continue to be provided under the IEP (e.g., physical therapy), that service would continue to be provided to the child under the IEP that was in effect at the time the hearing was initiated, (1) unless the parents and agency agree to a change in the services, or (2) until the issue is resolved.

Q. What should be included in the statement of the child's present levels of educational performance?

A. The statement of present levels of educational performance will be different for each handicapped child. Thus, determinations about the content of the statement for an individual child are matters that are left to the discretion of participants in the IEP meetings. However, the following are some points which should be taken into account in writing this part of the IEP.

a. The statement should accurately describe the effect of the child's handicap on the child's performance in any area of education that is affected, including (1) academic areas (reading, math, communication, etc.), and (2) non-academic areas (daily life activities, mobility, etc.).

Note: Labels such as "mentally retarded" or "deaf" may not be used as a substitute for the description of present levels of educational performance.

b. The statement should be written in objective measurable terms, to the extent possible. Data from the child's evaluation would be a good source of such information. Test scores that are pertinent to the child's diagnosis might be included, where appropriate. However, the scores should be (1) self-explanatory (i.e., they can be interpreted by all participants without the use of test manuals or other aids), or (2) an explanation should be included. Whatever test results are used should reflect the impact of the handicap on the child's performance. Thus, raw scores would not usually be sufficient.

c. There should be a direct relationship between the present levels of educational performance and the other components of the IEP. Thus, if the statement describes a problem with the child's reading level and points to a deficiency in a specific reading skill, this problem should be addressed under both (1) goals and objectives, and (2) specific special education and related services to be provided to the child.

Q. Why are goals and objectives required in the IEP?

A. The statutory requirements for including annual goals and short term objectives (Section 602(19)(B),* and for having at least an annual review of a handicapped child's IEP (Section 614(a)(5),* provide a mechanism for determining (1) whether the anticipated outcomes for the child are being met (i.e., whether the child is progressing in the special education program) and (2) whether the placement and services are appropriate to the child's special learning needs. In effect, these requirements provide a way for the child's teacher(s) and parents to be able to track the child's progress in special education. However, the goals and objectives in the IEP are not intended to be as specific as the goals and objectives that are normally found in daily, weekly, or monthly instructional plans.

Q. What are "annual goals" in an IEP?

A. The annual goals in the IEP are statements which describe what a handicapped child can reasonable be expected to accomplish within a twelve month period in the child's special education program. As indicated above, there should be a direct relationship between the annual goals and the present levels of educational performance.

Q. What are "short-term instructional objectives" in an IEP?

A. "Short-term instructional objectives" (also called "IEP objectives") are measurable, intermediate steps between a handicapped child's present levels of educational performance and the annual goals that are established for the child. The objectives are developed based on a logical breakdown of the major components of the annual goals, and can serve as milestones for measuring progress toward meeting the goals.

In some respects, IEP objectives are similar to objectives used in daily classroom instructional plans. For example, both kinds of objectives are used (1) to describe what a given child is expected to accomplish in a particular area within some specified time period, and (2) to determine the extent to which the child is progressing toward those accomplishments.

In other respects, objectives in IEPs are different from those used in instructional plans, primarily in the amount of detail they provide. IEP objectives provide general benchmarks for determining progress toward meeting the annual goals. These objectives should be projected to be accomplished over an extended period of time (e.g., an entire school quarter or semester). On the other hand, the objectives in classroom instructional plans deal with more specific outcomes that are to be accomplished on a daily, weekly, or monthly basis. Classroom instructional plans generally include details not required in an IEP, such as the specific methods, activities, and materials (e.g., use of flash cards) that will be used in accomplishing the objectives.

Q. Should the IEP goals and objectives focus only on special education and related services, or should they relate to the total education of the child?

A. IEP goals and objectives are concerned primarily with meeting a handicapped child's need for special education and related services, and are not required to cover other areas of the child's education. Stated another way, the goals and objectives in the IEP should focus on offsetting or reducing the problems resulting from the child's handicap which interfere with learning and educational performance in school. For example, if a learning disabled child is functioning several grades below the child's indicated ability in reading and has a specific problem with word recognition, the IEP goals and objectives would be directed toward (1) closing the gap between the child's indicated ability and current level of functioning, and (2) helping the child increase the ability to use word attack skills effectively (or to find some other approach to increae independence in reading).

For a child with a mild speech impairment, the IEP objectives would focus on improving the child's communication skills, by either (1) correcting the impairment, or (2) minimizing its effect on the child's ability to communicate. On the other hand, the goals and objectives for a severely retarded child would be more comprehensive and cover more of the child's school program than if the child has only a mild handicap.

Q. Should there be a relationship between the goals and objectives in the IEP and those that are in instructional plans of special education personnel?

A. Yes. There should be a direct relationship between the IEP goals and objectives for a given handicapped child and the goals and objectives that are in the special education instructional plans for the child. However, the IEP is not intended to be detailed enough to be used as an instructional plan. The IEP, through its goals and objectives, (1) sets the general direction to be taken by those who will implement the IEP, and (2) serves as the basis for developing a detailed instructional plan for the child.

Note: See question below regarding the length of IEPs.

Q. When must IEP objectives be written--before placement or after placement?

A. IEP objectives must be written before placement. Once a handicapped child is placed in a special education program, the teacher might develop lesson plans or more detailed objectives based on the IEP, however, such plans and objectives are not required to be a part of the IEP itself.

Q. Can short-term instructional objectives be changed without initiating another IEP meeting?

A. No. Section 300.343(a) provides that the agency "is responsible for initiating and conducting meetings for the purpose of developing, reviewing, and revising a handicapped child's individualized education program." Since a change in short-term instructional objectives constitutes a revision of the child's IEP, the agency must (1) notify the parents of the proposed change (see 300.504(a)(1), and (2) initiate an IEP meeting. Note, however, that if the parents are unable or unwilling to attend such a meeting, their participation in the revision of the IEP objectives can be obtained through other means, including individual or conference telephone calls (see 300.345(c)).

Q. Must the IEP include all special education and related services needed by the child or only those available from the public agency?

A. Each public agency must provide a free appropriate public education to all handicapped children under its jurisdiction. Therefore, the IEP for a handicapped child must include all of the specific special education and related services needed by the child--as determined by the child's current evaluation. This means that the services must be listed in the IEP even if they are not directly available from the local agency, and must be provided by the agency through contract or other arrangements.

Q. Is the IEP a commitment to provide services--i.e., must a public agency provide all of the services listed in the IEP?

A. Yes. Each handicapped child's IEP must include all services necessary to meet the child's identified special education and related services needs; and all services in the IEP must be provided in order for the agency to be in compliance with the Act.

Q. Must the public agency itself directly provide the services set out in the IEP?

A. The public agency responsible for the education of a handicapped child could provide IEP services to the child (1) directly, through the agency's own staff resources, or (2) indirectly, by contracting with another public or private agency, or through other arrangements. In providing the services, the agency may use whatever State, local, Federal, and private sources of support are available for those purposes (see 300.301(a)). However, the services must be at no cost to the parents, and responsibility for ensuring that the IEP services are provided remains with the public agency.

Q. Does the IEP include only special education and related services or does it describe the total education of the child?

A. The IEP is required to include only those matters concerning the provision of special education and related services and the extent to which the child can participate in regular education programs (NOTE: The regulations define "special education" as specifically designed instruction to meet the unique needs of a handicapped child, and "related services" as those which are necessary to assist the child to benefit from special education.) (See 300.14 and 300.13, respectively.)

For some handicapped children, the IEP will only address a very limited part of their education (e.g., for a speech impaired child, the IEP would generally be limited to the child's speech impairment). For other children (e.g., those who are profoundly retarded), the IEP might cover their total education. An IEP for a physically impaired child with no mental impairment might consist only of specially designed physical education. However, if the child also has a mental impairment, the IEP might cover most of the child's education.

Note: The IEP is not intended to be detailed enough to be used as an instructional plan.

Q. If modifications are necessary for a handicapped child to participate in a regular education program, must they be included in the IEP?

A. Yes. If modifications (supplementary aids and services) to the regular education program are necessary to ensure the child's participation in that program, those modifications must be described in the child's IEP (e.g., for a hearing impaired child, special seating arrangements or the provision of assignments in writing). This applies to any regular education program in which the student may participate, including physical education, art, music, and vocational education.

Q. When must physical education (PE) be described or referred to in the IEP?

A. Section 300.307(a) provides that "physical education services, specially designed if necessary, must be made available to every handicapped child receiving a free appropriate public education." The following paragraphs (1) set out some of the different PE program arrangements for handicapped students, and (2) indicate whether, and to what extent, PE must be described or referred to in an IEP.

a. Regular PE with non-handicapped students. If a handicapped student can participate fully in the regular PE program without any special modifications to compensate for the student's handicap, it would not be necessary to describe or refer to PE in the IEP. On the other hand, if some modifications to the regular PE program are necessary for the student to be able to participate in that program, those modifications must be described in the IEP.

b. Specially designed PE. If a handicapped student needs a specially designed PE program, that program must be addressed in all applicable areas of the IEP (e.g., present levels of educational performance, goals and objectives, and services to be provided). However, these statements would not have to be presented in any more detail than the other special education services included in the student's IEP.

c. PE in separate facilities. If a handicapped student is educated in a separate facility, the PE program for that student must be described or referred to in the IEP. However, the kind and amount of information to be included in the IEP would depend on the physical-motor needs of the student and the type of PE program that is to be provided.

Thus, if a student is in a separate facility that has a standard PE program (e.g., a residential school for the deaf), and if it is determined--on the basis of the student's most recent evaluation--that the student is able to participate in that program without any modifications, then the IEP need only note such participation. On the other hand, if special modifications to the PE program are needed for the student to participate, those modifications must be described in the IEP. Moreover, if the student needs an individually designed PE program, that program must be addressed under all applicable parts of the IEP. (See paragraph "b", above.)

Note: The Department is considering the possibility of publishing a separate document on the PE requirement under the Act and regulations.

Q. If a handicapped student is to receive vocational education, must it be described or referred to in the student's IEP?

A. The answer depends on the kind of vocational education program to be provided. If a handicapped student is able to participate in the regular vocational education program without any modifications to compensate for the student's handicap, it would not be necessary to include vocational education in the student's IEP. On the other hand, if modifications to the regular vocational education program are necessary in order for the student to participate in that program, those modifications must be included in the IEP. Moreover, if the student needs a specially designed vocational education program, then vocational education must be described in all applicable areas of the student's IEP (e.g., present levels of educational performance, goals and objectives, and specific services to be provided). However, these statements would not have to be presented in any more detail than the other special education services included in the IEP.

Note: Regulations under the Vocational Education Act provide that (1) certain funds available under that Act for vocational programs for handicapped persons must be used in a manner consistent with the State's plan under EHA-B, and (2) the five-year State Vocational Education Plan "shall describe how the program provided each handicapped child be planned and coordinated in conformity with and as a part of the child's individualized education program as required by the Education of the Handicapped Act." Sec. 3: CFR 400.222(f)(10), 400.182(f) (formerly 45 CFR 104.14)(f)(10), 104.162(f).*

Q. Must the IEP specify the amount of services or may it simply list the services to be provided?

A. The amount of services to be provided must be stated in the IEP, so that the level of the agency's commitment of resources will be clear to parents and other IEP team members. The amount of time to be committed to each of the various services to be provided must be (1) appropriate to that specific service, and (2) stated in the IEP in a manner that is clear to all who are involved in both the development and implementation of the IEP.

Changes in the amount of services listed in the IEP cannot be made without holding another IEP meeting. However, as long as there is no change in the overall amount, some adjustments in scheduling the services should be possible (based on the professional judgment of the service provider) without holding another IEP meeting.

Note: The parents should be notified whenever this occurs.

Q. Must a handicapped child's IEP indicate the extent to which the child will be educated in the regular educational program?

A. Yes. Section 300.340(c) provides that the IEP for each handicapped child must include a "statement of * * * the extent to which the child will be able to participate in regular educational programs." One way of meeting this requirement is to indicate the percent of time the child will be spending in the regular education program with non-handicapped students. Another way is to list the specific regular education classes the child will be attending.

Note: If a severely handicapped child, for example, is expected to be in a special classroom setting most of the time, it is recommended that in meeting the above requirements, the IEP include any non-curricular activities in which the child will be participating with non-handicapped students (e.g., lunch, assembly periods, club activities, and other special events).

Q. Can the anticipated duration of services be for more than twelve months?

A. In general, the anticipated duration of services would be up to twelve months. There is a direct relationship between the anticipated duration of services and the other parts of the IEP (e.g., annual goals and short-term objectives), and each part of the IEP would be addressed whenever there is a review of the child's program. If it is anticipated that the child will need a particular service for more than one year, the duration of that service could be projected beyond that time in the IEP. However, the duration of each service must be reconsidered whenever the IEP is reviewed.

Q. Must the evaluation procedures and schedules be included as a separate item in the IEP?

A. No. The evaluation procedures and schedules need not be included as a separate item in the IEP, but they must be presented in a recognizable form and be clearly linked to the short-term objectives.

Note: In many instances, these components are incorporated directly into the objectives.

Other Questions About the Content of an IEP

Q. Is it permissible for an agency to have the IEP completed when the IEP meeting begins?

A. No. It is not permissible for an agency to present a completed IEP to parents for their approval before there has been a full discussion with the parents of (1) the child's need for special education and related services, and (2) what services the agency will provide to the child. Section 602(9)* of the Act defines the IEP as a written statement developed in any meeting with the agency representative, the teacher, the parent, and, whenever appropriate, the child.

It would be appropriate for agency staff to come prepared with evaluation findings, statements of present levels of educational performance, and a recommendation regarding annual goals, short-term instructional objectives, and the kind of special education and related services to be provided. However, the agency must make it clear to the parents at the outset of the meeting that the services proposed by the agency are only recommendations for review and discussion with the parents. The legislative history of Pub. L-94-142 makes it clear that parents must be given the opportunity to be active participants in all major decisions affecting the education of their handicapped children. (See, e.g., S. Rep. No. 169, 94th Cong. 1st Sess. 13 (1975), S. Rep. No. 455 (Conference Report), 94th Cong. 1st Sess. 47-50 (1975).*

Q. Is there a prescribed format or length for an IEP?

A. No. The format and length of an IEP are matters left to the discretion of State and local agencies. The IEP should be as long as necessary to adequately describe a child's program. However, as indicated previously, the IEP is not intended to be a detailed instructional plan. The Federal IEP requirements can usually be met in a one to three page form.

Note: In a national survey conducted under contract with the Department, it was found that 47% of the IEPs reviewed were 3 pages or less in length.

Q. Is it permissible to consolidate the IEP with an individualized service plan developed under another Federal program?

A. Yes. In instances where a handicapped child must have both an IEP and an individualized service plan under another Federal program, it may be possible to develop a single, consolidated document. Provided, That (1) it contains all of the information required in an IEP, and (2) all of the necessary parties participate in its development.

Examples of individualized service plans which might be consolidated with the IEP are: (1) The Individualized Care Plan (Title XIX of the Social Security Act (Medicaid));* (2) the Individualized Program Plan (Title XX of the Social

Security Act (Social Services));* (3) the Individualized Service Plan (Title XVI of the Social Security Act (Supplemental Security Income;* and (4) the Individualized Written Rehabilitation Plan (Rehabilitation Act of 1973).*

Q. What provisions on confidentiality of information apply to IEPs?

A. IEPs are subject to the confidentiality provisions of both (1) EHA-B (Section 617(c)* of the Act; 300.560-300.576 of the regulations), and (2) the Family Educational Rights and Privacy Act ("FERPA", 20 U.S.C. 1232g).* An IEP is an "education record" as that term is used in the FERPA and implementing regulations (34 CFR 99) and is, therefore, subject to the same protections as other education records relating to the student.

Note: Under Section 99.31(a)* of the FERPA regulations, an educational agency may disclose personally identifiable information from the education records of a student without the written consent of the parents "if the disclosure is--(1) To other school officials, including teachers, within the educational institution or local educational agency who have been determined by the agency or institution to have legitimate educational interests in that information.

Q. If placement decisions are made at the time the IEP is developed, how can a private school representative attend the meeting?

A. Generally, a child who requires placement in either a public or private residential school has already been receiving special education, and the parents and school personnel have often jointly been involved over a prolonged period of time in attempting to find the most appropriate placement for the child. At some point in this process (e.g., at a meeting where the child's current IEP is being reviewed), the possibility of residential school placement might be proposed--by either the parents or school personnel. If both agree, then the matter would be explored with the residential school. A subsequent meeting would than be conducted to finalize the IEP. At this meeting, the public agency must ensure that a representative of the residential school either (1) attends the meeting, or (2) participates through individual or conference telephone calls, or by other means.

Note: The Department is considering publishing a separate document concerning the education of handicapped children placed in parochial or other private schools by their parents. Questions concerning IEPs for those children would be addressed in that document.

Q. Is the IEP a performance contract?

A. No. Section 300.349 makes it clear that the IEP is not a performance contract that imposes liability on a teacher or public agency if a handicapped child does not meet the IEP objectives. While the agency must provide special education and related services in accordance with each handicapped child's IEP, the Act does not require that the agency, the teacher, or other persons be held accountable if the child does not achieve the growth projected in the written statement.

IV

POSTSECONDARY EDUCATION FOR THE HANDICAPPED

This part contains Subpart E of the final regulations for Section 504. Subpart E applies to postsecondary education programs and activities. It addresses admissions and recruitment, academic adjustments, financial and employment assistance to students, and nonacademic services as related to postsecondary education for the handicapped. Requirements set forth in this subpart state that public agencies make adjustments to academic handicap but do not obligate an institution to waive academic requirements. Adjustments must be made to accommodate the needs of individual students. For example, a deaf student who is otherwise qualified might be permitted to substitute a music history course for a music appreciation course or the appreciation course could be modified.

SUBPART E

84.41 Application of this subpart.

Subpart E applies to postsecondary education programs and activities, including postsecondary vocational education programs and financial assistance and to recipients that operate, or that receive or benefit from federal financial assistance for the operation of, such programs or activities.

84.42 Admissions and recruitment.

(a) General. Qualified handicapped persons may not, on the basis of handicap, be denied admission or be subjected to discrimination in admission or recruitment by a recipient to which is subpart applies.

(b) Admissions. In administering its admission policies, a recipient to which this subpart applies:

(1) May not apply limitations upon the number or proportion of handicapped persons who may be admitted;

(2) May not make use of any test or criterion for admission that has a disproportionate, adverse effect on handicapped persons or any class of handicapped persons unless (i) the test or criterion, as used by the recipient, has been validated as a predictor of success in the education program or activity in question and (ii) alternate tests or criteria that have a less disproportionate, adverse effect are not shown by the Director to be available;

(3) Shall assure itself that (i) admissions tests are selected and administered so as best to ensure that, when a test is administered to an applicant who has a handicap that impairs sensory, manual, or speaking skills, the test results accurately reflect the applicant's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the applicant's impaired sensory, manual, or speaking skills (except where those skills are the factors that the test purports to measure); (ii) admissions tests that are designed for persons with impaired sensory, manual, or speaking skills are offered as often and in as timely a manner as are other admissions tests; and (iii) admissions tests are administered in facilities that, on the whole, are accessible to handicapped persons; and

(4) Except as provided in paragraph (c) of this section, may not make preadmission inquiry as to whether an applicant for admission is a handicapped person but, after admission, may make inquiries on a confidential basis as to handicaps that may require accommodation.

(c) Preadmission inquiry exception. When a recipient is taking remedial action to correct pursuant to 84.6(a) or when a recipient is taking voluntary action to overcome the effects of conditions that resulted in limited participation in its federally assisted program or activity pursuant to 84.6(b), the recipient may invite applicants for admission to indicate whether and to what extent they are handicapped, Provided, That:

(1) The recipient states clearly on any written questionnaire used for this purpose or makes clear orally if no written questionnaire is used that the information requested is intended for use solely in connection with its remedial action obligations or its voluntary action efforts; and

(2) The recipient states clearly that the information is being requested on a voluntary basis, that it will be kept confidential, that refusal to provide it will not subject the applicant to any adverse treatment, and that it will be used only in accordance with this part.

(d) Validity studies. For the purpose of paragraph (b)(2) of this section, a recipient may base prediction equations on first year grades, but shall conduct periodic validity studies against the criterion of overall success in the education program or activity in question in order to monitor the general validity of the test scores.

84.43 Treatment of students; general.

(a) No qualified handicapped student shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any academic, research, occupational training, housing, health, insurance, counseling, financial aid, physical education, athletics, recreation, transportation, other extracurricular, or other postsecondary education program or activity to which this subpart applies.

(b) A recipient to which this subpart applies that considers participation by students in education programs or activities not operated wholly by the recipient as part of, or equivalent to, an education program or activity operated by the recipient shall assure itself that the other education program or activity, as a whole, provides an equal opportunity for the participation of qualified handicapped persons.

(c) A recipient to which this subpart applies may not, on the basis of handicap, exclude any qualified handicapped student from any course, course of study, or other part of its education program or activity.

(d) A recipient to which this subpart applies shall operate its programs and activities in the most integrated setting appropriate.

84.44 Academic adjustments.

(a) Academic requirements. A recipient to which this subpart applies shall make such modifications to its academic requirements as are necessary to ensure that such requirements do not discriminate or have the effect of discriminating, on the basis of handicap, against a qualified handicapped applicant or student. Academic requirements that the recipient can demonstrate are essential to the program of instruction being pursued by such student or any directly related licensing requirement will not be regarded as discriminatory within the meaning of this section. Modifications may include changes in the length of time permitted for the completion of degree requirements, substitution of specific courses required for the completion of degree requirements, and adaptation of the manner in which specific courses are conducted.

(b) Other rules. A recipient to which this subpart applies may not impose upon handicapped students other rules such as the prohibition of tape recorders in classrooms or of dog guides in campus buildings, that have the effect of limiting the participation of handicapped students in the recipient's education program or activity.

(c) Course examinations. In its course examinations or other procedures for evaluating students' academic achievement in its program, a recipient to which this subpart applies shall provide such methods for evaluating the achievement of students who have a handicap that impairs sensory, manual, or speaking skills as will best ensure that the results of the evaluation represents the student's achievement in the course, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where such skills are the factors that the test purports to measure).

(d) Auxiliary aids. (1) A recipient to which this subpart applies shall take such steps as are necessary to ensure that no handicapped student is denied the benefits of, excluded from participation in, or otherwise subjected to discrimination under the education program or activity operated by the recipient because of the absence of educational auxiliary aids for students with impaired sensory, manual, or speaking skills.

(2) Auxiliary aids may include taped texts, interpreters or other effective methods of making orally delivered materials available to students with hearing impairments, readers in libraries for students with manual impairments, and other similar services and actions. Recipients

need not provide attendants, individually prescribed devices, readers, for personal use or study, or other devices or services of a personal nature.

84.45 Housing

(a) Housing provided by the recipient. A recipient that provides housing to its nonhandicapped students shall provide comparable, convenient, and accessible housing to handicapped students at the same cost as to others At the end of the transition period provided for in Subpart C, such housing shall be available in sufficient quantity and variety so that the scope of handicapped students' choice of living accommodations is, as a whole, comparable to that of nonhandicapped students.

(b) Other housing. A recipient that assists any agency, organization, or person in making housing available to any of its students shall take such action as may be necessary to assure itself that such housing is, as a whole, made available in a manner that does not result in discrimination on the basis of handicap.

84.46 Financial and employment assistance to students.

(a) Provision of financial assistance. (1) In providing financial assistance to qualified handicapped persons, a recipient to which this subpart applies may not (i), on the basis of handicap, provide less assistance than is provided to nonhandicapped persons, limit eligibility for assistance, or otherwise discriminate or (ii) assist any entity or person that provides assistance to any of the recipient's students in a manner that discriminates against qualified handicapped persons on the basis of handicap.

(2) A recipient may administer or assist in the administration of scholarships, fellowships, or other forms of financial assistance established under wills, trusts, bequests, or similar legal instruments that require awards to be made on the basis of factors that discriminate or have the effect of discriminating on the basis of handicap only if the overall effect of the award of scholarships, fellowships, and other forms of financial assistance is not discriminatory on the basis of handicap.

(b) Assistance in making available outside employment. A recipient that assists any agency, organization, or person in providing employment opportunities to any of its students shall assure itself that such employment opportunities, as a whole, are made available in a manner that would not violate Subpart B if they were provided by the recipient.

(c) Employment of students by recipients. A recipient that employs any of its students may not do so in a manner that violates Subpart B.

84.47 Nonacademic services.

(a) Physical education and athletics. (1) In providing physical education courses and athletics and similar programs and activities to any of its students, a recipient to which this subpart applies may not discriminate on the basis of handicap. A recipient that offers physical education courses or that operates or sponsors intercollegiate, club, or intramural athletics shall provide to qualified handicapped students an equal opportunity for participation in these activities.

(2) A recipient may offer to handicapped students physical education and athletic activities that are separate or different only if separation or differentiation is consistent with the requirements of 84.43(d) and only if no qualified handicapped student is denied the opportunity to compete for teams or to participate in courses that are not separate or different.

(b) Counseling and placement services. A recipient to which this subpart applies that provides personal, academic, or vocational counseling, guidance, or placement services to its students shall provide these services without discrimination on the basis of handicap. The recipient shall ensure that qualified handicapped students are not counseled toward more restrictive career objectives than are nonhandicapped students with similar interests and abilities. This requirement does not preclude a recipient from providing factual information about licensing and certification requirements that may present obstacles to handicapped persons in their pursuit of particular careers.

(c) Social organizations. A recipient that provides significant assistance to fraternities, sororities, or similar organizations shall assure itself that the membership practices of such organizations do not permit discrimination otherwise prohibited by this subpart.

V

PRIVATE SCHOOLS FOR THE HANDICAPPED

Private schools and camps offer a wide variety of educational and recreational programs and services. Section 1 of this part contains Subpart D-Private Schools of Public Law 94-142 regulations. Some items in Subpart D refer the reader to other regulations. The regulations referred to can be found in Part I, Section 2 on page 71 of this book. Section 2 in this part is made up of descriptions of some leading schools and camps which offer outstanding programs for children with various handicaps and for the underachiever. Parents, teachers, and others involved in the education of the handicappd may contact PROFESSIONAL ASSOCIATES NETWORK (PAN), Box 902, Fayetteville, Arkansas 72702 for assistance in selecting a school or camp to meet a child's specific needs.

SECTION 2

Subpart D—Private Schools

HANDICAPPED CHILDREN IN PRIVATE SCHOOLS PLACED OR REFERRED BY PUBLIC AGENCIES

121a.400 Applicability of 121a.401-121a.403.

Sections 121a.401-121a.403 apply only to handicapped children who are or have been placed in or referred to a private school or facility by a public agency as a means of providing special education and related services.

(20 U.S.C. 1413(a)(4)(B).)

121a.401 Responsibility of State educational agency.

Each State educational agency shall insure that a handicapped child who is placed in or referred to a private school or facility by a public agency:

(a) Is provided special education and related services;

(1) In conformance with an individualized education program which meets the requirements under 121a.340-121a.349 of Subpart C;

(2) At no cost to the parents; and

(3) At a school or facility which meets the standards that apply to State and local educational agencies (including the requirements in this part); and

(b) Has all of the rights of a handicapped child who is served by a public agency.

(20 U.S.C. 1413(a)(4)(B).)

121a.402 Implementation by State educational agency.

In implementing 121a.401, the State educational agency shall:

(a) Monitor compliance through procedures such as written reports, on-site visits, and parent questionnaires;

(b) Disseminate copies of applicable standards to each private school and facility to which a public agency has referred or placed a handicapped child; and

(c) Provide an opportunity for those private schools and facilities to participate in the development and revision of State standards which apply to them.

(20 U.S.C. 1413(a)(4)(B).)

121.a403 Placement of children by parents.

(a) If a handicapped child has available a free appropriate public education and the parents choose to place the child in a private school or facility, the public agency is not required by this part to pay for the child's education at the private school or facility. However, the public agency shall make services available to the child as provided under 121a.450-121a.460.

(b) Disagreements between a parent and a public agency regarding the availability of a program appropriate for the child, and the question of financial responsibility, are subject to the due process procedures under 121a.514 of Subpart E.

(20 U.S.C. 1412(2)(B); 1415).)

HANDICAPPED CHILDREN IN PRIVATE SCHOOLS NOT PLACED OR REFERRED BY PUBLIC AGENCIES

121a.450 Applicability of 121a.451-121a.460.

As used in 121a.451-121a.460, "private school handicapped children" means handicapped children enrolled in private schools or facilities other than handicapped children covered under 121a.400-121a.403.

(20 U.S.C. 1413(a)(4)(A).)

121a.451 State educational agency responsibility.

The State educational agency shall insure that:

(a) To the extent consistent with their number and location in the State, provision is made for the participation of private school handicapped children in the program assisted or carried out under this part by providing them with special education and related services; and

(b) The other requirements in 121a.452-121a.460 are met.

(20 U.S.C. 1413(a)(4)(A).)

121a.452 Local educational agency responsibility.

(a) Each local educational agency shall provide special education and related services designed to meet the needs of private school handicapped children residing in the jurisdiction of the agency.

(b) Each local educational agency shall provide private school handicapped children with genuine opportunities to participate in special education and related services consistent with the number of those children and their needs.

(20 U.S.C. 1413(a)(4)(A); 1414(a)(6).)

121a.453 Determination of needs, number of children, and types of services.

The needs of private school handicapped children, the number of them who will participate under this part, and the types of special education and related services which the local educational agency will provide for them must be determined after consultation with persons knowledgeable of the needs of these children, on a basis comparable to that used in providing for the participation under this part of handicapped children enrolled in public schools.

(20 U.S.C. 1413(a)(4)(A).)

121a.454 Service arrangements.

Services to private school handicapped children may be provided through such arrangements as dual enrollment, educational radio and television, and the provision of mobile educational services and equipment.

(20 U.S.C. 1413(a)(4)(A).)

121a.455 Differences in services to private school handicapped children.

A local educational agency may provide special education and related services to private school handicapped children which are different from the special education and related services it provides to public school children, if:

(a) The differences are necessary to meet the special needs of the private school handicapped children, and

(b) The special education and related services are comparable in quality, scope, and opportunity for participation to those provided to public school children with needs of equal importance.

(20 U.S.C. 1413(a)(4)(a); Wheeler v. Barrera, 417 U.S. 402 (1974).

121a.456 Personnel.

(a) Public school personnel may be made available in other than public school facilities only to the extent necessary to provide services required by the handicapped children for whose needs those services were designed, and only when those services are not normally provided by the private school.

(b) Each State or local educational agency providing services to children enrolled in private schools shall maintain continuing administrative control and direction over those services.

(c) The services provided with funds under Part B of the Act for eligible handicapped children enrolled in private schools may not include:

(1) The payment of salaries of teachers or other employees of private schools except for services performed outside their regular hours of duty and under public supervision and control; or

(2) The construction of private school facilities.

(20 U.S.C. 1413(a)(4)(A).)

121a.457 Equipment.

(a) Equipment acquired with funds under Part B of the Act may be placed on private school premises for a limited period of time, but the title to and administrative control over all equipment must be retained and exercised by a public agency.

(b) In exercising administrative control, the public agency shall keep records of and account for the equipment, and shall insure that the equipment is used solely for the purposes of the program or project, and remove the equipment from the private school premises if necessary to avoid its being used for other purposes or if it is no longer needed for the purposes of the program or project.

(20 U.S.C. 1413(a)(4)(A).)

121a.458 Prohibition of segregation.

Programs or projects carried out in public facilities, and involving joint participation by eligible handicapped children enrolled in private schools and handicapped children enrolled in public schools, may not include classes that are separated on the basis of school enrollment or the religious affiliations of the children.

(20 U.S.C. 1413(a)(4)(A).)

121a.459 Funds and property not to benefit private school.

Funds provided under Part B of the Act and property derived from those funds may not inure to the benefit of any private school.

(20 U.S.C. 1413(a)(4)(A).)

121a.460 Existing level of instruction.

Provisions for serving private school handicapped children may not include the financing of the existing level of instruction in the private schools.

(20 U.S.C. 1413(a)(4)(A).)

121a.347 Private school placements.

(a) Developing individualized education programs.

(1) Before a public agency places a handicapped child in, or refers a child to, a private school or facility, the agency shall initiate and conduct a meeting to develop an individualized education program for the child in accordance with 121a.343.

(2) The agency shall insure that a representative of the private school facility attends the meeting. If the representative cannot attend, the agency shall use other methods to insure participation by the private school or facility, including individual or conference telephone calls.

(3) The public agency shall also develop an individualized educational program for each handicapped child who was placed in a private school or facility by the agency before the effective date of these regulations.

(b) **Reviewing and revising individualized education programs.**

(1) After a handicapped child enters a private school or facility, any meetings to review and revise the child's individualized education program may be initiated and conducted by the private school or facility at the discretion of the public agency.

(2) If the private school or facility initiates and conducts these meetings, the public agency shall insure that the parents and an agency representative:

(ii) Agree to any proposed changes in the program before those changes are implemented.

(c) **Responsibility.** Even if a private school or facility implements a child's individualized education program, responsibility for compliance with this part remains with the public agency and the State educational agency.

(20 U.S.C. 1413(a)(4)(B).)

121a.554 Children in public or private institutions.

Each State educational agency shall make arrangements with public and private institutions (such as a memorandum of agreement or special implementation procedures) as may be necessary to insure that 121a.550 is effectively implemented.

(20 U.S.C. 1412(5)(b).)

Comment. Under section 612(5)(3) of the statute, the requirement to educate handicapped children with nonhandicapped children also applies to children in public and private institutions or other care facilities. Each State educational agency must insure that each applicable agency and institution in the State implements this requirement. Regardless of other reasons for institutional placement, no child in an institution who is capable of education in a regular public school setting may be denied access to an education in that setting.

BRANDON HALL

DUNWOODY, GEORGIA

Brandon Hall is a college preparatory boarding and day school for boys and girls. An average of one hundred and ten students are enrolled in grades six through twelve. This school is approved by the state of Georgia and offers a year-round program which provides remedial instruction for learning disabled students and the underachiever. Each student receives individual instruction in all subjects and language development training to meet their individual needs. Students learn in an environment structured for success and the development of self-reliance and confidence. This program helps students reach their maximum potential in preparation for future accomplishments by developing programs for each student which focus on the student's individual learning style and rate of learning. The school campus is located on thirty wooded acres on the Chattahooche River at Dunwoody, Georgia, and consists of several buildings in which classes are held, three residential dormitories, and two playing fields.

CARDIGAN MOUNTAIN SUMMER SESSION

CANAAN, NEW HAMPSHIRE

Cardigan Mountain School offers a summer program of studies and camping. The school is designed to help boys and girls in grades four through nine increase their performance in basic skills in reading, English, and mathematics. French, typing, Spanish, computer programming, and other subjects are offered. A team of qualified educators work together to provide an intensive remedial program for each student making sure that students cover summer work required by the private or public school they are to enter or to return to in the fall. For over thirty years the Cardigan Mountain School has offered an outstanding academic program. Arts, crafts, and outdoor activities provide students with the opportunity to develop new skills as well as to participate in group activities with their peers. The Cardigan Mountain School, located in the foothills of the White Mountains in Canaan, New Hampshire, provides boys and girls with the experience of enjoying the many land and lake sports available and to prepare for successful academic challenges in the future.

CENTRAL INSTITUTE FOR THE DEAF

818 SOUTH EUCLID
ST. LOUIS, MO 63110

The Central Institute for the Deaf offers a regular academic day program as well as a regular academic residential program. The Institute is primarily for hearing impaired students but also serves learning disabled, underachievers, and physically handicapped children. The regular academic program is supported by special services such as remedial reading for hearing impaired children. Vocational training and therapy are also available as part of the total program. In addition to academic classes, activities such as music, art and sports are included in the curriculum for students. The ages served range from three to fifteen. The thirty-five staff members work with an average enrollment of one hundred students. Central Institute for the Deaf is approved by the State of Missouri and the State of Illinois. The Central Institute for the Deaf is interested in research and training as well as its school program. The Institute has available a listing of tests which it has published.

DEER CREEK CAMP

4102 HOMESTEAD DR.
SHAWNEE MISSION, KANSAS

Deer Creek Camp offers a introductory experience in wilderness adventure under careful supervision. The ratio of camp counselors to campers is one to four. This six-week summer camp is designed for boys ages nine to fifteen who are experiencing adjustment problems at home or school. Deer Creek is one of the few camps in the country geared for the learning disabled. Deer Creek is situated on one hundred and thirty-five acres in the heart of the Ozark Lake Country where the mighty Osage Indians once roamed. The cabins, messhall, and modern bathhouse are built to conform to the natural environment. Two grass-covered athletic fields offer campers the opportunity to learn skills and group cooperation in team sport activities. Other features of the base camp are four running streams, hiking trails, natural campsites and an outdoor amphitheatre for campfire councils and chapel. The camp program offers a balance of group and individual activities designed to develop increased self-discipline and concern for peers and family.

FENSTER SCHOOL OF SOUTHERN ARIZONA

TUSCON, ARIZONA

Fenster School provides both day and residential facilities for students for a seven-week period each summer. Academics are offered for grades seven through twelve and include remedial classes, an enrichment program, make-up work, and advanced work in English, science, social studies, mathematics, and Spanish. Tutorial sessions and small classes add to the school's ability to assist students and make it possible for students to obtain a full year's credit in one or two courses. Students progress at their own speed in a program geared to meet their individual needs. Fenster is located on a 160-acre campus in the desert at the base of the Santa Cataline Mountains. Dormitories, a dining hall, classrooms, and a library make up the central portion of the campus. Recreation includes horseback riding, swimming, and tennis. An outstanding feature of the Fenster program is a Field School in Prehistoric Archeology. Introduction to archeological techniques are given. Students apply learned skills at the ruins of Hohokam Indian Village.

GABLE ACADEMIES

700 MILLER
MIAMI, FL 33155

Since 1961, the Gables organization has developed a network of eight schools located in Florida, Georgia, Louisiana, and North Carolina. Each school is based on the Gables concept of working with students with learning difficulties. The curriculum at the Gables Academies is designed for children with normal intelligence who have been diagnosed as being dyslexic or as having a specific learning disability. The Gables Academies provide a wide variety of services which include a comprehensive diagnostic evaluation as part of the admissions process. The results of the evaluation are used by a team of highly qualified professionals who recommend services and work together with parents to develop an individualized program for each student. Students work in small groups and receive one-to-one instruction as needed. Each Academy has an educational program for grades one through twelve as well as a summer program. The underlying belief at the Gables is that every child can succeed.

INSTITUTE OF LOGOPEDICS

2400 JARDINE DRIVE
WICHITA, KANSAS

The Institute of Logopedics offers a comprehensive program of habilitation and rehabilitation for children and adults with hearing impairments, mental retardation, speech and language disorders, seizure disorders, learning disabilities, neurological impairments, and orthopedic impairments. Services offered include evaluation and diagnosis, residential care, home and hospital care, speech and language therapy, occupational and physical therapy, a parent-infant and preschool program, and an educational program to provide functional carry-over of speech-language training into academic areas. The Institute is accredited by the American Speech and Hearing Association, CARE, and the Kansas Department of Education. Research and training is a major component of the Institute of Logopedics and is aimed at increasing knowledge regarding the nature and causes of various communicative disorders and the development of effective methods of identification and treatment. Inservice training and continuing education are provided.

LAKEMARY CENTER

100 LAKEMARY DRIVE
PAOLA, KANSAS

Lakemary Center for exceptional children was established in 1969 as a private, non-denominational, residential and day care school for mentally retarded children ages three through sixteen. Services provided by the center include a comprehensive diagnostic service, residential and day programs, neurological and medical care as well as family counseling. Children at the Lakemary Center are given the care and opportunities for a fuller life. The program is designed to develop self-sufficiency in each student and is directed by a staff of professionals which include teachers, psychologists, attending physicians, nurses, speech therapists, and psychiatric social workers. The curriculum at Lakemary revolves around programs which have been developed for each individual child and includes components such as physical development, music, recreation, social living skills, and child direction on a twenty-four hour schedule. Each child experiences a warm and friendly type living environment at Lakemary.

MARVELWOOD SCHOOL

CORNWALL, CONNECTICUT

Marvelwood is a coeducational residential and day school for grades nine through twelve. The curriculum is primarily college prepartory, but has a skills component that is designed specifically for the underachiever. Reading instruction and courses in study techniques are offered in addition to the regular program. Each student's educational needs are carefully identified and an individualized program is developed to match their particular learning style. The summer school for ages eleven through fifteen is located on the campus in Connecticut's beautiful countryside and offers reading, spelling, and writing instruction. Individual study problems are also addressed. A wide variety of recreational activities are offered, and include swimming, fishing, cycling, and hiking as well as the more common sports. Students at Marvelwood enjoy learning and the interaction provided in extracurricular activities with their peers and neighboring schools. Marvelwood is approved by the Connecticut Department of education.

OAK HILL SCHOOL

120 HOLCOMB STREET
HARTFORD, CONNECTICUT

Oak Hill School is a residential and day school for blind and partially sighted persons from ages three to twenty-one. Programming is continued beyond age twenty-one for selected students. The school also serves the visually impaired with additional handicaps such as mental retardation, deafness, orthopedic impairments, neurological disorders, and emotional problems. Children with multihandicaps are also served. The curriculum at the Oak Hill School is highly specialized and offers an individualized program for each person in the regular program, in the summer school, and in the summer camp. Each student's individualized program is implemented and monitored by a qualified team of professionals. The school provides an educational program, occupational and physical therapy, speech therapy, and music therapy. Community life training and respite care are available. Oak Hill School is located on twenty-four acres outside of Hartford, Connecticut and serves children and young adults throughout the United States.

PHELPS SUMMER SCHOOL

MALVERN, PENNSYLVANIA

Phelps Summer School offers a five-week summer session for boys in grades seven through twelve. Phelps is an accredited secondary school licensed by the State of Pennsylvania. The summer program is designed specifically for boys who need to make up academic deficiencies and to strength their academic performance in general. Remedial and developmental reading classes are available for students if needed. A professional staff of educators develop and implement each student's program in an environment made up of small classes, tutorial support, and effective instruction. The daily program offers various activities which include tennis, riflery, farming, swimming, horseback riding, trap, and special trips which are planned to add to the students' recreational and educational experiences. The Phelps Summer School is located on one hundred and forty-five acres in beautiful Chester County. Enrollment is limited in summer school. The session begins in early July and ends the first week of August.

PINE RIDGE SCHOOL

BOX 138P
WILLISTON, VERMONT

Pine Ridge School is a residential school for adolescents with learning disabilities. Students at Pine Ridge have average to above average intelligence with no emotional or behavioral difficulties. The program at the school is tutorial and academic in nature. It is designed to provide a supportive learning environment to teach academics as well as to promote social growth. The academics at Pine Ridge are highly structured and emphasize the basic skills. The core of the program is one-to-one remedial language tutoring on a daily basis. Pine Ridge acknowledges that learning disabled adolescents learn in a different style. The individualized programs for instruction are designed to meet these unique learning styles. Pine Ridge is an accredited school that issues a high school diploma. The program at Pine Ridge strives to prepare a student to return to a regular school setting if possible. The State Board of Education in Vermont certifies Pine Ridge School. The school is coeducational.

PREALPINIA INTERNATIONAL SUMMER CAMP

RTE DE CHARDONNE 1605
CHEXBREX, SWITZERLAND

The Institute International De Jeunes Filles Prealpina is a world famous summer camp for girls ages ten through twenty-one. Prealpina Summer Camp is a part of Prealpina International Boarding School in Switzerland. The average enrollment at Prealpina is thirty. The staff consists of sixty-five members. Prealpina was founded in 1924 and is located in the French Alps overlooking Lake Geneva. This region is known for its beauty and rich culture and provides summer residents with many experiences in the villages and countryside of Switzerland. Individual programs are developed for each student who works at their own level and at their own rate. Techniques employed in instruction are based on the most current research in the field of learning. French lessons are given daily. Extracurricular activities include a wide variety of sports, art, photography, music, etiquette, kitchening, and modern ballet. Girls who attend Prealpina broaden their cultural and academic knowledge.

PROVO CANYON SCHOOL

P.O. BOX 1441
PROVO, UTAH

The staff at the Provo Canyon School hold the belief that each person has the ability to grow, to progress, and to change. This philosophy has given many boys the opportunity to gain self-esteem, and to achieve goals set by themselves and their families. The program at the Provo Canyon School provides a wholesome environment in which boys ages twelve through seventeen can develop self-control and make social adjustments. Each student's individual program is designed to meet his specific academic and therapeutic needs. A qualified staff of professionals work together to develop each student's program. School history and diagnostic testing are used in the development of each program. Special classes and tutoring are available. Provo Canyon School is located on eight wooded acres along the Provo Canyon River which lends itself to a variety of recreational activities such as boating and skiing. In some cases students attend classes at Brigham Young University. Provo is a residential facility.

THE BROWN SCHOOLS

P.O. BOX 4008
AUSTIN, TEXAS

The Brown Schools offer residential treatment for those who are in need of a totally planned and structured environment. Brown has a wide range of service which are provided by professionals trained in psychiatry, psychology, education, vocational education, recreation, speech pathology, social work, and nursing. Each of the Brown Schools residential treatment center is highly specialized in the area of mental health. The development of individual programs is based on a person's need for therapy, a structured and protected environment, and educational needs. Brown consists of three residential treatment centers which offer a comprehensive program for persons who are in need of twenty-four hour care and two small group homes which provide individuals with the opportunity to re-enter the community with the help of a professional staff. Services are available for children, adolescents, and adults with emotional problems, mental retardation, and neurological impairments.

THE DESISTO SCHOOLS

WEST STOCKBRIDGE, MA -
HOWEY-IN-THE-HILLS, FLA.

The Executive Director of DeSisto Schools, Michael DeSisto, has spent fourteen years developing the educational and emotional treatment program used with the adolescents at his schools. Through the use of Gestalt Therapy, the DeSisto Schools are effectly reaching the young people with emotional problems. All students participate in private and group therapy sessions. The DeSisto program revolves around the confrontation and resolution of problems which leads to the release of each individual's unique and creative ability to function as a human being. The schools offer living and learning environments for boys and girls ages 13 to 20. Each school has a student governing council to regulate school activities and student actions. Ninety percent of the graduating students enter college. The school curriculum is appropriate for the college bound but also for students with a history of poor academic performance. Learning disabled, underachievers, dropouts, delinquents, and behaviorally disordered students are served.

THE DEVEREUX FOUNDATION

DEVON, PENNSYLVANIA

The Devereux Foundation operates eight treatment centers. Education is provided in a therapeutic environment staffed by a multidisciplinary team of doctors, psychiatrists, psychologists, social workers and therapeutic educators. The staff to student ratio in all Devereux branches is one to one. Instruction is highly individualized and based on an individualized treatment plan as well as a written individualized education program. Most students are emotionally handicapped with average or above average intellectual potential. Specialty programs are provided for mentally handicapped, autistic, and schizophrenic children. All Devereux branches are approved as psychiatric facilities for children and adolescents. The seven branches of Devereux were established over a period of sixty years, beginning with the Pennsylvania Center in 1912. Other centers are located in Georgia, Texas, New Jersey, California, Arizona, Connecticut, and Massachusetts. Devereux accepts patients of all races, color, creed, and national origin.

THE VANGUARD SCHOOL

P.O. BOX 928 P
LAKE WALES, FLORIDA

The Vanguard School offers individual programs for children with learning disabilities. The curriculum is primarily remedial; however, each child's strengths and weaknesses are considered in planning individual education programs. Each student's program focuses on development of the total child with the major emphasis placed on preparing the student for the transition from Vanguard to a regular school program or the program which best suits a student's needs at the time of transition. The curriculum for grades one through twelve includes many athletic and outdoor activities such as fishing, boating, swimming, tennis, and basketball. The Vanguard school is a coeducational boarding and day school with additional day schools in Paoli, Pennsylvania and Cocoanut Grove, Florida. The Lake Wales, Florida campus is located on seventy-five acres three miles north of Lake Wales and consists of three residential halls, a dining hall, two school buildings, a multi-purpose workshop and recreational building, and a gymnasium.

THOMAS W. HUGHEN SCHOOL FOR CRIPPLED CHILDREN

3620 28TH STREET
PORT ARTHUR, TEXAS

The Thomas W. Hughen School provides a nine-month rehabilitation program for crippled children through age twenty-one. Children with other types of handicaps may enroll but they must be primarily physically handicapped. The purpose of the school is to provide education and rehabilitation to crippled children and to give them the tender love and care they require. Children are cared for by a qualified staff of pediatricians, orthopedists, occupational, physical, and speech therapists, nurses, counselors, and educators. Both residential and day care programs are available. All students have access to special education and various therapy treatment programs. The school provides special equipment such as chairs, braces, and a heated pool for use in therapy and closely supervised recreational activities. Round-the-clock nursing and supervision by physicians help each child obtain the care which their particular handicap or condition requires. This environment helps children develop as normally as possible.

TRIDENT ACADEMY

MT. PLEASANT, SOUTH CAROLINA

Trident Academy is a coeducational residential and day school which offers a program for children in grades one through twelve. The program is designed exclusively for students with learning disabilities. One criteria for admission is that students have been diagnosed by a licensed psychologist as having a specific learning disability. The curriculum offered at Trident includes a college preparatory program, a program of general studies, and remedial classes designed specifically for the learning disabled student. The method of instruction used is based on the work of Samuel T. Orton which focuses on a multi-sensory approach to learning. The program also offers a wide selection of art classes, chorus, volleyball, soccer, basketball, softball, golf, track and field. The Trident campus is located on ten acres along the Cooper River across from Charleston, South Carolina. The academy has an average enrollment of 120 and a staff of 36. The program is approved by the South Carolina Department of Education.

VI

RIGHTS AND RESPONSIBILITIES OF THE PARENTS OF THE HANDICAPPED

This part contains a summary of the rights and responsibilities of parents of the handicapped, as defined by Part B; Education of the Handicapped Act (Public Law 94-142). Local Education Agencies are required to provide parents with every opportunity to participate in their child's education and to document the parents involvement. Parents in turn, have the responsibility to become actively involved in the education of their child. Parental involvement in education is vital since only the combined efforts of home and school can provide the information and support needed to develop an appropriate education for the handicapped. Parents and groups of parents have long been the major caretakers of the handicapped. The citation to the left side of the page refers to federal regulations which have been summarized in this part.

SUMMARY OF PARENT'S RIGHTS AND RESPONSIBILITIES

Public Law 94-142, the Education for All Handicapped Children Act, is a federal law which provides a free and appropriate public education to all handicapped children. This law requires public schools to provide parents with every opportunity to become involved in their child's education program and to document that involvement.

To ensure that this involvement occurs, several rights to which parents are entitled were included in Public Law 94-142. These rights are referred to as "procedural safeguards." Following is a summary of specific areas addressed in these "procedural safeguards."

1. Notice - Parents must receive written notice before their child is identified, evaluated or placed in any specialized educational program. Written notice is also required before any change can be made in a child's program.

2. Consent - Parental consent must be obtained before conducting a pre-placement evaluation and before initial placement of a handicapped child in a program providing special education and related services.

3. Evaluation - Parents have a right to a full evaluation of their child's individual educational needs. Parents may obtain evaluations independent of the school.

4. Records - Parents have a right to know what records are kept on their child and the right to see them.

5. Confidentiality of Information - With the exception of certain individuals (school officials, for example, and teachers with legitimate educational interests), no one may see a child's records unless parents give their written permission.

6. Least Restrictive Environment - Parents have a right to have their child educated with non-handicapped children to the maximum extent appropriate.

7. Hearings - If at any point during identification, evaluation, or placement, parents do not agree with the educational decisions made concerning their child, they have the right to request a hearing. The right to appeal the findings and decisions of the hearing is also assured.

YOUR RIGHTS AS THE PARENT OF A HANDICAPPED CHILD

The following information is a summary statement of parental rights. The citations at the left side of the page refer to the specific section of the Federal Regulations.

NOTICE

As a parent you have a right to:

121a.504(a)(1)(2)	...be notified before the school identifies, assesses, or places your child on grounds of having a handicapped condition; or changes an identification, assessment, or placement that has been made; or rejcts your request that these actions be taken.
121a.506(b)(1)(2) 121a.505(c)(1)(2)(3)	...receive all such notices in writing and in the language you speak and understand best. If there are parents whose native language is not a written language, the school officials must see that the notice is explained to them orally or in a mode of communication they understand; that they understand the information they have been given, and that there is written evidence that this requirement has been met.
121a.505(a)(3)	...be notified of each testing procedure, record, or report the school will use as the basis for any decision regarding your child.
121a.505(a)(2)	...a description of the plan for your child with an explanation of why it is recommended, what other options were considered, and why those options were ruled out.
121a.505(a)(4)	...be informed of any other relevant factors that school officials considered in their decision.

The notice you receive must also include all of the information contained herein.

CONSENT

Your written consent is necessary before the school may:

121a.500(a) 121a.504(b)(1)(i)	...test your child individually with any tests that are not generally given to most other students.
121a.504(b)(1)(ii)	...place your child in a special education program for the first time.
121a.500(a) 121a.500(b)	Before your consent is given, the school must explain in your native language what you are agreeing to, and the school must be sure that you understand it. The consent form must describe what you are agreeing to, list which of your child's records (if any) will be released, and specify who will receive them.

121a.500(c) Your consent is to be given freely, and you may withdraw it at any time.

121a.504(b)(2) If you do not give your consent, your child's basic right to attend school and participate in school activities will not be affected by your refusal.

121a.504(c)(1) If you refuse to give your consent, and the school
administrators believe what they propose is in your
child's best interest, the school may request a
hearing. An independent hearing officer would then
121a.504(c)(2)(i) decide whether your child should be tested or
placed without your consent. You also have a right
to appeal the decision to the State if the procedure was a local hearing.

EVALUATION AND PLACEMENT PROCEDURES

121a.531 Before your child receives any special education services, a full and individual evaluation must be conducted. This means your child will be given specific tests which are not usually given to most school children.

In this circumstance your child has a right to:

121a.532(a)(1) ...be tested in the language which he or she speaks best,

121a.530(b) ...be tested in such a manner that results are not affected by race or culture,

121a.532(a)(2)(3) ...be tested by qualified professionals using valid tests which are given according to proper instructions,

121a.532(e) ...be evaluated by a group of professionals including at least one teacher or specialist who is knowledgeable about the kind of problem your child is thought to have,

121a.532(f) ...be tested in all areas related to his or her suspected problem,

121a.532(b) ...be tested through procedures which determine specific areas of educational need, not just an intelligence (IQ) test,

121a.532(d) ...have his or her educational program determined on the basis of more than one test,

121a.534(b) ...receive a complete re-evaluation every three years, or more frequently if necessary or if requested by you or your child's teacher,

121a.534(a) ...have his or her individualized education program (IEP) reviewed annually.

121a.532(c) Tests must be given to children with impaired hearing or vision, or restricted ability to move or speak, in such a way as to measure the child's potential ability or what the child has learned and not the degree of impairment (unless, of course, measuring impairment is the purpose of the test).

When looking at test results and deciding on the best program for your child, the school must:

121a.533(a)(1) ...collect information from many sources,

121a.533(a)(2) ...guarantee that this information is documented and carefully considered,

121a.533(a)(3) ...insure that the placement decision is made by a group of professionals including some who know about your child and are professionally capable of interpreting the test results and relating those results to appropriate options,

121a.533(a)(4) ...insure that the placement decision is made in such a way that your child's education will be to the extent appropriate, with children who are not handicapped.

121a.533(b) If it is determined that your child is handicapped and is in need of special education and related services, an IEP must be developed.

INDEPENDENT EDUCATION EVALUATION

121a.503(a)(b) If you do not agree with the evaluation provided
by the school --that is, if you don't think they
gave the right tests or reached the right conclusions -- you may have an independent educational
evaluation conducted at public expense. An "independent educational evaluation" means that your
child will be tested by a qualified person who is
121a.503(a)(3)(i) not employed by the school your child attends.
The school will either pay for a private evaluation
121a.503(a)(3)(ii) or will arrange for one at no cost to you. However,
the school also has a right to a hearing, to show
that its evaluation was appropriate. If the hear-
121a.503(b) ing officer decides that the schools' evaluation
was appropriate, you still have the right to an
independent educational evaluation, but not at
public expense.

121a.503(a)(2) The school must inform you, upon your request, where independent evaluations are available.

If you have an independent evaluation conducted at your own expense, the results of this evaluation:

121a.503(c)(1) ...must be considered by the school in any decision regarding your child's education, and

121a.503(c)(2) ...may be presented as evidence in a formal hearing.

121a.503(d) If an independent evaluation is requested by a hearing officer as part of a "due process hearing," the evaluation must be at public expense.

121a.503(e) Evaluations conducted at public expense must meet the same criteria (qualifications of examiner, etc.) as those conducted by the school.

RECORDS

	You have a right to:
121a.565	...receive, upon your request, a list of the types of education records kept on your child, where they are maintained, and how you can get access to them, and
121a.562(a)	...inspect and review any of your child's records.
	The school must comply with your request to do so: without unnecessary delay before an IEP meeting or hearing within 45 days
121a.566(b)	(The school may not charge to search for or collect the information.)
121a.562(b)(1)	...have someone at your child's school explain or interpret any item in your child's records
121a.562(b)(2)	...receive copies of the records if this is the only way to insure that you will be able to review and inspect them. The school may charge a fee for the copies, if such a charge does not prevent you from inspecting and reviewing the records
121a.562(b)(3)	...have a representative inspect and review the records
121a.562(c)	The school may assume that you have the authority to inspect and review your child's records unless it has been informed that you do not have this right (because of some legal action such as custody, for example).
121a.567(a) 121a.567(b) 121a.567(c)	If you feel that any statements in your child's records are wrong or misleading, you may ask the school to change them. The school must either change such statements in a reasonable period of time or formally refuse to do so. If it refuses, school officials must inform you of their refusal and advise you of your right to a hearing on the matter.
121a.568	If you request such a hearing, the school must hold one.
121a.570	This hearing does not necessarily follow the process described in the "hearings" section of this explanation of rights. The hearing may be conducted by any school official who does not have a direct interest in its outcome.
121a.569(a) 121a.569(b)	If the hearing is decided in your favor, school officials must change the information and inform you they have done so.

121a.569(c)(1)(2)	If the information is held to be accurate, you have the right to add your own statement to the record. Your statement must be kept as long as the contested part of the overall record is kept, and if that record is shown to anyone, your statement must also be shown.

CONFIDENTIALITY OF INFORMATION

121a.572(a)	The school is responsible for protecting the confidentiality of your child's education records by:
121a.572(b)	...naming the individual who is responsible for insuring the confidentiality of records,
121a.572(c)	...guaranteeing that all persons who collect or use such information receive training in the State's policies and procedures regarding confidentiality,
121a.572(d)	...keeping for public inspection a list of those employees who are permitted access to these records,
121a.564	...permitting parents to see only that information which relates to their own child when records contain information on more than one child,
121a.571(a)(1)	...requiring your consent before your child's education records are given to anyone not involved in your child's education,
121a571(a)(2)	...requiring your consent before using your child's records for any purposes other than those related to providing special education and related services.
121a.571(c)	However, states may have policies and procedures which apply in the event that you decline to give this consent and that the school feels the records should be given to the person who requested them. These procedures should allow the school to send copies of the records to the requesting person or agency, under certain circumstances, despite your objection.
121a.573(a)(b)	...informing you when confidential information on your child is no longer needed. At your request, this information must be destroyed (or changed so that it cannot be identified as belonging to your child).
121a.561(a)	States are required to have continuous procedures to identify handicapped children and to publish a statewide notice in newspapers or other media which informs parents of the requirements regarding identification of handicapped children.
	It must include:
121a.561(a)(1)	...information as to the languages in which the notice is available,
121a.561(a)(2)	...a description of the children on whom confidential information is kept and the uses of that information,

121a.561(a)(3) ...a description of how this information is kept and protected,

121a.561(a)(4) ...a description of the rights of parents and children regarding this information.

LEAST RESTRICTIVE ENVIRONMENT

Your child has a right to:

121a.550(b)(1) ...be educated to the extent appropriate with children who are not handicapped,

121a.550(b)(2) ...be in a regular classroom unless the nature or severity of the handicap is such that he or she cannot receive a satisfactory education in the regular classroom, using additional aids and services,

121a.551(b)(1) ...have a range of placements available, including regular school classes, special classes, special schools or institutions, residential placements, and home instructions,

121a.553 ...participate with non-handicapped children in extra-curricular and non-academic activities,

121a.552(c) ...attend the school he or she would attend if not handicapped, unless the IEP calls for a different placement.

Your child's educational placement must be:

121a.552(a)(1) ...reviewed and decided upon at least annually,

121a.552(a)(2) ...based on the IEP,

121a.552(a)(3) ...as close to home as possible.

121a.551(a) 121a.552(b) Every school must have available a variety of settings to meet the educational needs of handicapped children. This range must include any placement which is needed to implement the child's IEP. 121a.551(b)(2) Provision must also be made for supplying any supplementary services needed when a handicapped child is in a regular class.

121a.552(d) In selecting the least restrictive environment for your child, school officials must consider any possible harmful effects that a particular placement may have on your child or on services your child is to receive.

It is the responsibility of the State Department of Education to:

121a.554 ...make arrangements with public and private institutions to insure that to the extent appropriate, handicapped children are educated with non-handicapped children, 121a.555 ...insure that teachers and administrators are fully informed about the implications of the concept of the least restrictive environment and receive training and assistance in its application,

121a.556 ...insure that all schools in the state are carrying out these requirements. If there is evidence that a school is not, the State Department of Education is obligated to review the school's performance and to see that any shortcomings are corrected.

HEARINGS

121a.506(a) If at any time you cannot come to agreement with the school regarding your child's education, you have the right to ask for an impartial hearing. A hearing may be held on any matter relating to the identification, evaluation, or placement of your child or the provision of a "free appropriate public education." Hearings are to be held by either the State Department of Education or the school directly responsible for your child's education.

121a.506(b) To obtain a hearing, you should make a written request to the person who is responsible for the education program your child attends.

HEARING OFFICERS

An impartial hearing officer will be assigned to preside over any such hearing and arrive at a decision. To insure impartiality, a hearing officer may not be:

121a.507(a)(1) ...an employee of a public agency (school system, institution, etc.) which is involved in the education or care of your child,

121a.507(a)(2) ...anyone who has a personal or professional interest which could conflict with objectivity in the hearing.

121a.507(c) Each school must keep a list of persons who serve as hearing officers and their qualifications.

HEARING RIGHTS

Rights which both you and the school are entitled include the right to:

121a.508(a)(1) ...be accompanied and advised by legal counsel and by persons with special knowledge of the problems of handicapped children,

121a.508(a)(2) ...present evidence and cross examine and compel the attendance of witnesses,

121a.508(a)(3)	...prohibit the introduction of evidence that had not been revealed to you at least five (5) days before the hearing,
121a.508(a)(4)	...receive a written or recorded verbatim record of the hearing,
121a.508(a)(5)	...receive a written finding of fact and the decision of the hearing.
	You also have the right to:
121a.506(c)(1)(2)	...be told by the school where free or low cost legal help is available. The school must give you this information at any time you request it or whenever a hearing is to take place,
121a.508(b)(1)	...have your child attend the hearing if you wish,
121a.508(b)(2)	...open the hearing to the public if you wish,
121a.512(d)	...have the hearing conducted at a time and place reasonably convenient to you.
121a.512(a)(1)(2)	Within 45 days of receipt of your request for a hearing, the hearing officer must reach a decision and mail you a copy of the decision.
121a.512(c)	The hearing officer may grant an extension to this time period at the request of either party. The decision of the hearing officer is final unless either you or the school chooses to appeal.

APPEALS

121a.510(a)(b)	If your hearing was held by the State and you are not satisfied, you can bring civil action in a State court or a U.S. district court. If your hearing was held by your school rather than the State, and if you are dissatisfied with the decision of the hearing officer and would like to appeal it, you must inform the State Department of Education of your desire to do so. The State Department of Education will then conduct an impartial review of the hearing. The officer conducting the review will:
121a.510(b)(1)	...examine the entire hearing record,
121a.510(b)(2)	...insure that the hearing was conducted properly,
121a.510(b)(3)	...seek more evidence if necessary, if a hearing is held to receive this additional evidence, then the hearing rights previously described would apply,
121a.510(b)(4)	...give both parties an opportunity to present arguments,
121a.510(b)(5)(6)	...make an independent decision and give both parties a copy of the decision.

121a.510(c)	The decision of the impartial review must be reached and a copy of it mailed to you and the school within 30 days of the request for the review (unless an extension is granted by the reviewing official). The decision is final unless either party chooses to bring civil action and pursue the matter in court. During the time that the hearing an appeals process is taking place, your child is to remain in his or her present placement, unless you and the school agree otherwise. If the dispute concerns the initial admission of your child to a public school, then he or she, with your consent, will be placed in a public school program until the completion of the proceedings.

SURROGATE PARENTS

Each school must guarantee that rights of children are protected when:

121a.514(a)(1)	...no parent can be identified,
121a.514(a)(2)	...the whereabouts of the parents is not known,
121a.514(a)(3)	...the child is a ward of the State.
121a.514(b) 121a.514(c)(1)	It is the school's duty to appoint a stand-in or surrogate, or to see that one is appointed. Either the state or your school must have a method of appointing surrogates. The school or state may select a surrogate in any manner permitted by State law, but must make sure that the person selected:
121a.514(c)(2)(i)	...does not have a conflict of interest,
121a.514(c)(2)(ii)	...is qualified to represent the child,
121a.514(d)(1)(2)	...is not an employee of a public agency involved in the education or care of the child (a person is not considered an employee solely because he or she serves as a surrogate).
121a.514(e)	The surrogate may represent the child in all matters relating to identification, evaluation, placement, and the provision of a free appropriate public education.

VII

STATE EDUCATION AGENCIES FOR THE HANDICAPPED

This part is made up of an alphabetical listing of State Education Agencies (SEA) responsible for education of the handicapped. These agencies are referred to throughout Public Law 94-142 and other documents which address education of the handicapped. State Education Agencies are ultimately responsible for the provision of a free appropriate public education for all children and should be used as a contact agency for any concerns with education of the handicapped within a particular state. State Education Agencies receiving federal funds must submit a state plan which sets forth policies and procedures assuring that such funds will be expended in accordance with Federal Regulations and only in a manner consistent with the goal of providing free appropriate education for all handicapped children.

ALABAMA
Exceptional Children & Youth
State Department of Education
866 State Office Bldg.
Montgomery, AL 36130

ALASKA
State of Alaska
Department of Education
Office for Exceptional Children
Special Education Programs
Pouch F 0500
Juneau, AK 99811

ARIZONA
Division of Special Education
Arizona Dept. of Education
1535 W. Jefferson
Phoenix, AZ 85007

ARKANSAS
Special Education Section
Department of Education
Arch Ford Building
Capitol Mall
Little Rock, AR 72201

CALIFORNIA
California State Department
of Education
Office of Special Education
721 Capitol Mall, Room 614
Sacramento, CA 95814

COLORADO
Colorado Dept. of Education
State Office Bldg.
201 E. Colfax
Denver, CO 80203

CONNECTICUT
Bureau of Pupil Personnel
and Special Educational
Services
State Dept. of Education
P. O. Box 2219
Hartford, CT 06115

DELAWARE
Exceptional Children/Special Programs
Division
State Dept. of Public Instruction
John G. Townsend Bldg.
P. O. Box 1402
Dover, DE 19901

DISTRICT OF COLUMBIA
Special Education
Division of Special Educational
Programs
Presidential Bldg., Room 602
415 12th St. N.W.
Washington, DC 20004

FLORIDA
Bureau of Education for Exceptional
Students
Florida Dept. of Education
204 Knott Bldg.
Tallahassee, FL 32304

GEORGIA
Program for Exceptional Children
Georgia Dept. of Education
State Office Bldg.
Atlanta, GA 30334

HAWAII
State Dept. of Education
Special Education Dept.
45-955 Kam Highway
Kaneohe, HI 96744

IDAHO
Department of Education
Special Education Division
650 W. State St.
Boise, ID 83720

ILLINOIS
Dept. of Specialized Educational
Services
Illinois Office of Education
100 No. First St.
Springfield, IL 62777

INDIANA
Division of Special Education
Dept. of Public Instruction
229 State House
Indianapolis, IN 46204

IOWA
State of Iowa
Dept. of Public Instruction
Special Education Division
Grimes State Office Bldg.
Des Moines, IA 50319

KANSAS
Special Education Administration Section
Kansas State Dept. of Education
120 E. Tenth
Topeka, KS 66612

KENTUCKY
Bureau for Education of Exceptional Children
Capital Plaza Tower
8th Floor
Frankfort, KY 40601

LOUISIANA
Division of Special Educational Services
State Dept. of Education
Capital Station
P.O. Box 44064
Baton Rouge, LA 70804

MAINE
Division of Special Education
State Dept. of Educational & Cultural Services
State House
Augusta, ME 04333

MARYLAND
Division of Special Education
State Dept. of Education
P. O. Box 8717
Balt-Wash International Airport
Baltimore, MD 21240

MASSACHUSETTS
Division of Special Education
State Dept. of Education
Park Square Bldg.
31 St. James Ave.
Boston, MA 02116

MICHIGAN
Special Education Services
State Dept. of Education
P. O. Box 30008
Lansing, MI 48909

MINNESOTA
Special Education Section
State Dept. of Education
Capitol Square Bldg.
550 Cedar Ave.
St. Paul, MN 55101

MISSISSIPPI
Special Education Section
State Dept. of Education
P. O. Box 771
Jackson, MS 39205

MISSOURI
Director of Special Education
Dept. of Elementary & Secondary Education
P. O. Box 480
Jefferson City, MO 65101

MONTANA
Special Education Unit
Office of Public Instruction
State Capitol, Room 106
Helena, MT 59601

NEBRASKA
State Department of Education
Special Education Branch
301 Centennial Mall South
Lincoln, NE 68509

NEVADA
Nevada Dept. of Education
Special Education Division
Capitol Complex
400 W. King St.
Carson City, NV 89710

NEW HAMPSHIRE
New Hampshire Dept. of Education
Division of Vocational Rehabilitation
Special Education Section
105 Loudon Road
Concord, NH 03301

NEW JERSEY
Division of Special Education
New Jersey Dept. of Education
Division of School Programs
Branch of Special Operations and Pupil Personnel Services
Room 232
225 W. State St.
Trenton, NJ 08625

NEW MEXICO
Division of Special Education
State Dept. of Education
Education Bldg.
300 Don Gaspar Avenue
Santa Fe, NM 87503

NEW YORK
Office for the Education of Children
with Handicapping Conditions
State Education Dept.
55 Elk St.
Albany, NY 12234

NORTH CAROLINA
Division for Exceptional Children
State Dept. of Public Instruction
Room 352, Educational Bldg.
Raleigh, NC 27611

NORTH DAKOTA
Division of Special Education
Dept. of Public Instruction
State Capitol
Bismarck, ND 58505

OHIO
Division of Special Education
State Dept. of Education
933 High St.
Worthington, OH 43085

OKLAHOMA
State Dept. of Education
Special Education Section
2500 N. Lincoln Blvd.
Room 263
Oliver Hodge Bldg.
Oklahoma City, OK 73105

OREGON
Special Education
Oregon Dept. of Education
942 Lancaster Drive, N.E.
Salem, OR 97310

PENNSYLVANIA
Pennsylvania Dept. of Education
Bureau of Special and Compensatory Education
P. O. Box 911
Harrisburg, PA 17126

RHODE ISLAND
Rhode Island Dept. of Education
Special Education Unit
235 Promenade St.
Providence, RI 02908

SOUTH CAROLINA
Office of Programs for the
Handicapped
State Dept. of Education
Room 309, Rutledge Bldg.
1429 Senate St.
Columbia, SC 29201

SOUTH DAKOTA
Section for Special Education
Richard F. Kneipe Bldg.
Pierre, SD 57501

TENNESSEE
Division for the Education of the
Handicapped
State Dept. of Education
103 Cordell Hull Bldg.
Nashville, TN 37219

TEXAS
Department of Special Education
Texas Education Agency
201 E. 11th St.
Austin, TX 78701

UTAH
Division of Staff Development
Utah State Board of Education
250 E. Fifth So.
Salt Lake City, UT 84111

VERMONT
Special Educational and Pupil
Personnel Services
State Dept. of Education
Montpelier, VT 05602

VIRGINIA
Division of Special Education
State Dept. of Education
1322-28 E. Grace
P. O. Box 6Q
Richmond, VA 23216

WASHINGTON
Division of Special Services
Mail Stop FG 11
Old Capitol Bldg.
Olympia, WA 98504

WEST VIRGINIA
Division of Special Education and
Student Support Systems
West Virginia Dept. of Education
Capitol Complex, Room B-315
Charleston, WV 25305

WISCONSIN
State Dept. of Public Instruction
Bureau for Crippled Children
126 Langdon St.
Madison, WI 53702

WYOMING
Office of Exceptional Children
State Dept. of Education
Hathaway Bldg.
Cheyenne, WY 82002

VIII

ORGANIZATIONS AND AGENCIES FOR THE HANDICAPPED

This part consists of the names and addresses of public and privately sponsored groups that provide information and services for the handicapped. Groups listed represent all handicapping conditions defined in Part B; Education of the Handicapped Act (Public Law 94-142). School administrators teachers, parents, and others who serve the handicapped will find these groups to be helpful in providing detailed information concerning particular handicapping conditions and in providing and locating related service groups. Many of the organizations listed have a large network of chapters or groups throughout the United States which act as information centers to promote better opportunities for the handicapped through legislation, by educating the public and by encouraging community interest.

Abilities Unlimited
1104 S. Happy Hollow Rd.
Fayetteville, AR 72701

ACLU Juvenile Rights Project
22 E. 40th St.
New York, NY 10016

Alexander Graham Bell Ass'n
for the Deaf, Inc.
3417 Volta Place NW
Washington, DC 20007

American Academy for
Cerebral Palsy
University Hospital School
Iowa City, IA 52240

American Academy of Pediatrics
1801 Hinman Ave.
Evanston, IL 60204

American Ass'n for the Education
of Severely and Profoundly
Handicapped
1600 W. Armory Way
Garden View Suite
Seattle, WA 98119

American Ass'n for Gifted
Children
15 Gramercy Park
New York, NY 10003

American Ass'n for Health,
Physical Education, and
Recreation
1201 16th St. NW
Washington, DC 20036

American Ass'n on Mental
Deficiency
5201 Connecticut Ave. NW
Washington, DC 20015

American Ass'n of Psychiatric
Clinics for Children
250 W. 57th St.
Room 1032, Fish Bldg.
New York, NY 10019

American Ass'n for Rehabil-
itation Therapy
P.O. Box 93
North Little Rock, AR 72116

American Corrective Therapy
Association, Inc.
811 Street Margaret's Road
Chillicothe, OH 45601

American Diabetes Ass'n
18 E. 48th St.
New York, NY 10017

American Epilepsy Society
Dept. of Neurology
University of Minnesota
Box 341, Mayo Bldg.
Minneapolis, MN 55455

American Foundation for the Blind
15 W. 16th St.
New York, NY 10011

American Heart Ass'n
44 E. 23rd St.
New York, NY 10016

American Lung Ass'n
1790 Broadway
New York, NY 10019

American Medical Ass'n
535 N. Dearborn St.
Chicago, IL 60610

American Occupational Therapy Ass'n
6000 Executive Blvd.
Rockville, MD 20852

American Orthopsychiatric Ass'n, Inc.
1790 Broadway
New York, NY 10019

American Physical Therapy Ass'n
1156 15th St. NW
Washington, DC 20005

American Printing House for the
Blind
1839 Frankfort Ave.
Louisville, KY 40206

American Psychological Ass'n
1200 17th St. NW
Washington, DC 20036

American Rehabilitation Counseling
Ass'n of the American Personnel
and Guidance Ass'n
1607 New Hampshire Ave. NW
Washington, DC 20009

American Rheumatism Ass'n
1212 Avenue of the Americas
New York, NY 10036

American Speech & Hearing Ass'n
10801 Rockville Pike
Rockville, MD 20852

Arkansas Ass'n for Children with Learning Disabilities
P. O. Box 7316
Little Rock, AR 72217

Arkansas Ass'n for Hearing Impaired Children
2214 N. Palm
Little Rock, AR 72207

Arkansas Ass'n of Kidney Patients
521 South Cedar
Little Rock, AR 72205

Arkansas Ass'n of the Deaf
1312 Marlyn Drive
Little Rock, AR 72205

Arkansas Ass'n for Retarded Citizens
10110 West Markham
Little Rock, AR 72205

Arkansas Amputee Foundation
Central Baptist Hospital
12th & Marshall
Little Rock, AR 72202

Arkansas Coalition for the Handicapped
Central Baptist Hospital
12th & Marshall, Room 349
Little Rock, AR 72207

Arkansas Conference on Handicapped Individuals, Inc.
P. O. Box 3781
Little Rock, AR 72203

Arkansas Environmental Barriers Council, Inc.
P. O. Box 7601
Little Rock, AR 72217

Arkansas Epilepsy Society
4120 W. Markham, Suite 101
Little Rock, AR 72201

Arkansas Handicapped Athletic Ass'n
Central Baptist Hospital
Arkansas Rehabilitation Institute
12th & Marshall
Little Rock, AR 72202

Arkansas State Chapter/National Society for Autistic Children
Central Baptist Hospital
12th & Marshall
Little Rock, AR 72202

Arkansas Rehabilitation Ass'n
P. O. Box 3781
Little Rock, AR 72203

Arthritis Foundation
1212 Avenue of the Americas
New York, NY 10036

Ass'n for Children with Learning Disabilities
2200 Brownsville Road
Pittsburgh, PA 16210

Ass'n for the Aid of Crippled Children
345 E. 46th St.
New York, NY 10017

Ass'n for Education of the Visually Handicapped
919 Walnut
Philadelphia, PA 19107

Ass'n for the Help of Retarded Children
200 Park Ave. So.
New York, NY 10003

Ass'n of Rehabilitation Centers, Inc.
7979 Old Georgetown Road
Washington, DC 20014

Ass'n for the Visually Handicapped
1839 Frankfort Ave.
Louisville, KY 40206

Benton County Sunshine School
Route #1
Bentonville, AR 72712

Bureau for Education of the Handicapped
400 6th St. - Donohoe Bldg.
Washington, DC 20202

Carroll County Rainbow School
Box 107
Berryville, AR 72616

Center on Human Policy
Division of Special Education and Rehabilitation
Syracuse University
Syracuse, NY 13210

Center for Sickle Cell Anemia
College of Medicine
Howard University
520 "W" St. NW
Washington, DC 20001

Child Welfare League of America, Inc.
44 E. 23rd St.
New York, NY 10010

Child's Defense Fund
1520 New Hampshire Ave. NW
Washington, DC 20036

Closer Look
National Information Center
for the Handicapped
1201 16th St. NW
Washington, DC 20036

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

Council for Exceptional Children
University of Arkansas
Fayetteville, AR 72701

Economic Opportunity Agency, Inc.
1100 No. College
Fayetteville, AR 72701

Epilepsy Foundation of America
1828 "L" St. NW
Washington, DC 20036

Family Education Rights & Privacy
Act
Dept. of Health, Education and
Welfare
200 Independence Ave. SW
Room 562F Hubert Humphrey Bldg.
Washington, DC 20201

Fayetteville Multi-Handicapped
Children's Ass'n
Fayetteville, AR 72701

Foundation for Child Development
345 E. 46th St.
New York, NY 10017

Goodwill Industries of America
9200 Wisconsin Ave.
Washington, DC 20014

Hemophilia Research, Inc.
30 Broad St.
New York, NY 10004

Institute for the Study of
Mental Retardation and
Related Disabilities
130 So. First
University of Michigan
Ann Arbor, MI 48108

International Ass'n for the
Scientific Study of Mental
Deficiency
5201 Connecticut Ave. NW
Washington, DC 20015

International League of Societies
for the Mentally Handicapped
12, Rue Forestiere
Brussels -5, Belgium

International Society for Rehabilitation of the Disabled
219 E. 44th St.
New York, NY 10017

Mental Health Ass'n in Arkansas, Inc.
Central Baptist Hospital
12th & Marshall
Little Rock, AR 72202

Mental Health Law Project
1220 19th St. NW
Washington, DC 20036

Muscular Dystrophy Ass'n of America
810 7th Ave.
New York, NY 10019

National Aid to the Visually
Handicapped
3201 Balboa St.
San Francisco, CA 94121

National Amputee Foundation
12-45 150th St.
Whitestone, NY 11357

National Ass'n of the Deaf
2025 Eye St. NW
Suite 321
Washington, DC 20006

National Ass'n for Gifted Children
8080 Spring Valley Drive
Cincinnati, OH 45236

National Ass'n for Mental Health, Inc.
Suite 1300, 10 Columbus Circle
New York, NY 10019

National Ass'n for Music Therapy, Inc.
Box 610
Lawrence, KS 66044

National Ass'n for Retarded Citizens
2709 Avenue E, East
P.O. Box 6109
Arlington, TX 76011

National Ass'n of Sheltered Workshops and Homebound Programs
1522 "K" St. NW
Washington, DC 20005

National Ass'n of Social Workers
2 Park Ave.
New York, NY 10016

National Ass'n of State Directors
of Special Education
1201 16th St. NW
Washington, DC 20036

National Ass'n for the Visually
Handicapped
3201 Balboa St.
San Francisco, CA 94121

National Cancer Foundation
1 Park Ave.
New York, NY 10016

National Center for Law and the
Handicapped, Inc.
1235 N. Eddy St.
South Bend, IN 46617

National Committee for Multi-
Handicapped Children
239 14th St.
Niagara Falls, NY 14303

National Council for the Gifted
700 Prospect Ave.
West Orange, NJ 07052

National Cystic Fibrosis Research
Foundation
3379 Peachtree Road NE
Atlanta, GA 30326

National Easter Seal Society
for Crippled Children & Adults
2023 W. Ogden Ave.
Chicago, IL 60612

National Epilepsy League, Inc.
116 S. Michigan Ave.
Chicago, IL 60603

National Federation of the Blind
218 Randolph Hotel
Des Moines, IA 50309

National Foundation for Infantile
Paralysis
Box 2000
White Plains, NY 10602

National Foundation - March of
Dimes
800 2nd Ave.
New York, NY 10017

National Heart Institute
9600 Rockville Pike
Building 31, Room 5A50
Bethesda, MD 20014

National Hemophilia Foundation
25 W. 39th St.
New York, NY 10018

National Institute of Arthritis
and Metabolic Disease
Bethesda, MD 20014

National Institute of Health
United States Dept. of Health,
Education & Welfare
Washington, DC 20014

National Kidney Foundation
116 E. 27th St.
New York, NY 10016

National Multiple Sclerosis Society
257 Park Ave. So.
New York, NY 10010

National Paraplegia Foundation
333 No. Michigan Ave.
Chicago, IL 60601

National Rehabilitation Ass'n
1522 "K" St. NW
Washington, DC 20005

National Therapeutic Recreation
Society
1700 Pennsylvania Ave. NW
Washington, DC 20006

National Society of Autistic Children
621 Central Ave.
Albany, NY 12206

National Society for Prevention of
Blindness, Inc.
79 Madison Ave.
New York, NY 10016

Orton Society, Inc.
8415 Bellona Lane
Baltimore, MD 21204

Ozark Guidance Center
219 South Thompson
Box 289
Springdale, AR 72764

Ozarks Regional Library for Blind
and Handicapped
217 E. Dickson
Fayetteville, AR 72701

President's Committee on Employment
of the Handicapped
U.S. Dept. of Labor
Washington, DC 20210

President's Committee on Mental
Retardation
Regional Office Bldg. #3
7th & D Sts. SW, Room 2614
Washington, DC 20201

Richardson Center
1760 Woodland
Fayetteville, AR 72701

Social Security Administration
Federal Bldg.
35 E. Mountain
Fayetteville, AR 72701

Society for the Rehabilitation
of the Facially Disfigured
550 1st Ave.
New York, NY 10016

United Cerebral Palsy Ass'n
66 E. 34th St.
New York, NY 10016

United Cerebral Palsy Ass'n
of Arkansas, Inc.
1607 South Main
Little Rock, AR 72201

United Epilepsy Ass'n
111 W. 57th St.
New York, NY 10019

Volta Speech Ass'n for the Deaf
1537 35th St. NW
Washington, D.C. 20007

Volunteer Advocate Program
Central Baptist Hospital
12th and Marshall
Little Rock, AR 72202

IX

FEDERALLY MANDATED AGENCIES FOR THE HANDICAPPED

Part IX is made up of an alphabetical listing of protection and advocacy agencies as required by Section 113 of the Developmental Disabled Assistance and Bill of Rights Act of 1975 (Public Law 94-103). Section 113 of Public Law 94-103 requires each state to develop and implement a comprehensive system to protect the rights of individuals who are developmentally disabled. This system, known as the P and A systems, acts as referral and information centers which provide legal services and advocacy to the handicapped. They also take part in legislative reform and community decision making which is concerned with citizens with developmental disabilities. Implementing agencies for state protection and advocacy must be independent of any state agency which provides services or habilitation to the handicapped.

ALABAMA
Alabama Developmental Disabilities Advocacy Project
918 Fourth Ave.
Tuscaloosa, AL 36830

ALASKA
Protection and Advocacy for Developmental Disabilities, Inc.
600 University Plaza West, Suite C
Fairbanks, AK 99701

ARIZONA
Arizona Center for Law in the Public Interest
112 N. 5th Ave.
P. O. Box 2783
Phoenix, AZ 85002

ARKANSAS
Arkansas Developmental Disabilities Advocacy System
Governor's Office
State Capitol Building, Room 011
Little Rock, AR 72201

CALIFORNIA
California Protection Advocacy Panel
150 Grand Avenue
Oakland, CA 94612

Sonoma County Citizens Advocacy, Inc.
P. O. Box 4449
Santa Rosa, CA 95402

COLORADO
Legal Center for Handicapped Citizens
1060 Bannock St., Suite 316
Denver, CO 80204

CONNECTICUT
Office of Protection & Advocacy for Handicapped
61 Woodland St., Second Floor
Hartford, CT 06115

DELAWARE
Community Legal Aid Society, Inc.
913 Washington St.
Wilmington, DE 19801

DISTRICT OF COLUMBIA
One America Educational Services, Inc.
1625 Eye St., N.W.
Washington, DC 20006

FLORIDA
Governor's Commission on Advocacy for Persons with Developmental Disabilities/Dept. of Administration
530 Carlton Bldg.
Tallahassee, FL 32304

GEORGIA
Georgia Advocacy Office, Inc.
1447 Peachtree St., N.E.
Suite 811
Atlanta, GA 30309

HAWAII
Kahua Ho'omalu Kina, Inc.
765 Amana St., Suite 300
Honolulu, HI 96814

IDAHO
Idaho's Coalition of Advocates for the Disabled
100 Scout Lane
Boise, ID 83702

ILLINOIS
Illinois Developmental Disabilities Advocacy Authority
1 West Old State Capitol Plaza
Suite 917
Springfield, IL 62701

INDIANA
Indiana Protection and Advocacy Service
Commission for Developmentally Disabled
445 N. Pennsylvania St., Room 503
Indianapolis, IN 46204

IOWA
Iowa Protection and Advocacy System
Iowa Civil Rights Commission
418 Sixth St.
Liberty Bldg., Suite 340
Des Moines, IA 50319

KANSAS
Kansas Advocacy and Protective Services for the Developmentally Disabled, Inc.
513 Leavenworth, Suite 2
Manhattan, KS 66502

KENTUCKY
Office for Public Advocacy
Division for Protection & Advocacy
State Office Bldg. Annex, 3rd Floor
Frankfort, KY 40601

LOUISIANA
Advocate for the Developmentally Disabled
New Orleans Legal Aid Corp.
226 Carondelet St., Suite 716
New Orleans, LA 70130

MAINE
The Advocates for the Developmentally Disabled
Cleveland Hall
Winthrop St.
Hollowell, ME 04347

MARYLAND
Maryland Advocacy Unit for the Developmentally Disabled
2612 Maryland Ave.
Baltimore, MD 21218

MICHIGAN
Michigan Protection and Advocacy Service for Developmentally Disabled Citizens
Michigan Association for Retarded Citizens
230 N. Washington Sq., Suite 200
Lansing, MI 48933

MINNESOTA
Developmental Disabilities Planning Office
State Planning Agency
101 Capitol Square Bldg.
550 Cedar Ave.
St. Paul, MN 55101

MISSISSIPPI
Mississippi System of Protection and Advocacy for Developmentally Disabled Individuals, Inc.
235 Watkins Bldg.
510 George St.
Jackson, MS 39201

MISSOURI
Missouri Developmental Disabilities Protection & Advocacy Services, Inc.
420A Brooks St.
Jefferson City, MO 65101

MONTANA
Developmental Disabilities/Montana Advocacy Program
1218 East Sixth St.
Helena, MT 59601

NEBRASKA
Nebraska Advocacy Services for Developmentally Disabled Citizens, Inc.
3940 Cornhuskers Hwy, Suite 200
Lincoln, NE 68504

NEVADA
Developmental Disabilities Advocate's Office
Governor's Office of Planning Coordination
1050 East William, Suite 402
Carson City, NV 89710

NEW HAMPSHIRE
New Hampshire Protection & Advocacy Advocate
110 North Main St.
Concord, NH 03301

NEW YORK
Protection and Advocacy System for Developmental Disabilities, Inc.
175 Fifth Ave., Suite 500
New York, NY 10010

NORTH CAROLINA
Advocacy Council for the Mentally Ill and Developmentally Disabled
North Carolina Dept. of Administration
107 Howard Bldg.
112 West Lane St.
Raleigh, NC 27611

NORTH DAKOTA
Protection and Advocacy Project for the Developmentally Disabled
Governor's Council on Human Resources
State Capitol, 13th Floor
Bismarck, ND 58505

OKLAHOMA
Protection and Advocacy Agency for Developmental Disabilities
9726 East 42nd
Osage Bldg., Room 121
Tulsa, OK 74145

OREGON
Oregon Developmental Disabilities Advocacy Center
621 S.W. Morrison, Room 519
Portland, OR 97205

PENNSYLVANIA
Developmental Disabilities Advocacy Network, Inc.
1607 City Towers
301 Chestnut St.
Harrisburg, PA 17101

PUERTO RICO
Protection and Advocacy System of Consumers with Developmental Disabilities
Minillas Gubernamental Center
North Bldg.
P. O. Box 41059
Santurce, PR 00908

RHODE ISLAND
Rhode Island Protection and
Advocacy System, Inc.
187 Warren Ave.
East Providence, RI 02914

SOUTH CAROLINA
Advocacy for Handicapped Citizens
P. O. Box 1254
111 Church St.
Charleston, SC 29402

TENNESSEE
Tennessee State Planning Office
Division of Advocacy
660 Capitol Hill Bldg.
301 Seventh Ave. North
Nashville, TN 37219

TEXAS
Advocacy, Inc.
5555 N. Lamar St.
Suite K-109
Austin, TX 78751

UTAH
Legal Services for the Developmentally Disabled, Inc.
455 East 400 South
Suite 202
Salt Lake City, UT 84111

VERMONT
Vermont Developmental Disabilities Advocacy Project
P. O. Box 562
180 Church St.
Burlington, VT 05401

VIRGINIA
Virginia Developmental Disabilities Protection & Advocacy
Office
Ninth St. Office Bldg.
First Floor
Richmond, VA 29219

WASHINGTON
Troubleshooters Office
1600 West Armory Way
Seattle, WA 98119

WEST VIRGINIA
West Virginia Advocates for the
Developmentally Disabled, Inc.
1021 Quarrier St., Room 411
Charleston, WV 25301

WISCONSIN
Wisconsin Coalition for Advocacy,
Inc.
2 West Mifflin, Suite 200
Madison, WI 53703

WYOMING
Developmental Disabilities Protection
& Advocacy System, Inc.
508 Hynds Bldg.
Cheyenne, WY 82201

X

STATE AND LOCAL ADVOCACY GROUPS FOR THE HANDICAPPED

Part X consists of the names and addresses of state and local advocacy groups formed by private citizens in behalf of the handicapped. Generally, such groups are made up of persons who have experience and expertise in mobilizing citizens and social groups to make provisions for the handicapped. Parents and parent groups have been instrumental in the development of advocacy groups and have functioned as the major spokesman for the handicapped throughout history. These groups are private non-profit organizations interested in helping disabled persons secure basic human and civil rights through education, rehabilitation and employment. Such groups are made up of parents, teachers, and other professionals who are interested in promoting opportunities for the handicapped through legislation, research and education.

ALABAMA
Alabama Council on Human Relations
P. O. Box 1632
Auburn, AL 36830

ARKANSAS
Advocacy Services, Inc.
Medical Arts Building
Suite 504
Little Rock, AR 72202

ARIZONA
Arizona ARC
5610 S. Central Ave.
Phoenix, AZ 85040

CALIFORNIA
Center for Independent Living
2539 Telegraph Ave.
Berkeley, CA 94074

Legal Aid Foundation of L.A.
1550 W. 8th St.
Los Angeles, CA 90017

Public Advocates, Inc.
1535 Mission St.
San Francisco, CA 94102

Youth Law Center
693 Mission St., 6th Flr.
San Francisco, CA 94105

CONNECTICUT
Office of Handicapped Services
157 Church St.
New Haven, CT 06510

R.E.S.P.O.N.D. (Resource to
Encourage Services to Provide
for Ongoing Needs of Disabled)
956 Chapel St.
New Haven, CT 06510

DISTRICT OF COLUMBIA
Information Center for Handicapped Individuals
1413 "K" St. N.W.
Washington, DC 20005

Neighborhood Legal Services Program
310 6th St. N.W.
Washington, DC 20001

GEORGIA
American Friends Service Committee
Southeastern Public Education Program
P. O. Box 56JJ
Macon, GA 31208

ILLINOIS
Coordinating Council for Handicapped Children
407 So. Dearborn, Room 680
Chicago, IL 60605

The Developmental Disabilities Law Project
343 S. Dearborn St.
Chicago, IL 60604

INDIANA
Task Force on Education for the Handicapped Children
812 E. Jefferson Blvd.
South Bend, IN 46617

LOUISIANA
Advocates for Juvenile Justice
344 Camp St., Suite 1101
New Orleans, LA 70130

MAINE
Human Resources Development Corp.
81 N. Street
Saco, ME 04070

MASSACHUSETTS
Developmental Disabilities Law Center
294 Washington St., Suite 840
Boston, MA 02108

Federation for Children with Special Needs, Inc.
120 Boylston St., Suite 338
Boston, MA 02116

Massachusetts Advocacy Center
Two Park Square
Boston, MA 02111

Massachusetts Ass'n for Children with Learning Disabilities
11 River St.
Wellesley, MA 02181

Office for Children
120 Boylston St.
Boston, MA 02116

MICHIGAN
Student Advocacy Center
202 E. Washington, Room 300
Ann Arbor, MI 48104

MINNESOTA
Developmental Disabilities Advocacy Project
222 Grain Exchange Bldg.
323 Fourth Ave. S.
Minneapolis, MN 55415

MISSISSIPPI

Children's Defense Fund
Box 1684
Jackson, MS 39205

Mississippi Mental Health Project
Box 951
Jackson, MS 39205

MISSOURI

Bootheel Legal Aid Society
225 Ward Ave.
Caruthersville, MO 63830

National Center for Youth Law
St. Louis University School of Law
3701 Lindell Blvd.
St. Louis, MO 63108

NEBRASKA

Nebraska State Dept. of Health
Division of Developmental Disabilities
301 Centennial Mall So.
Third Floor, P. O. Box 95007
Lincoln, NE 68507

NEW HAMPSHIRE

New Hampshire Coalition for Handicapped Children, Inc.
Box 1255
Concord, NH 03301

NEW JERSEY

Education Law Center
605 Broad St., 8th Floor
Newark, NJ 07102

Office of Advocacy for the Developmentally Disabled
Dept. of the Public Advocate
P. O. Box 141
Trenton, NJ 08625

NEW MEXICO

Developmental Disabilities Protection & Advocacy System
New Mexico State Human Rights Committee
303 Bataan Bldg.
Santa Fe, NM 87501

New Mexico Advocates for the Developmentally Disabled
839 Paseo de Peralta, Suite N
Santa Fe, NM 87110

Paralyzed Veterans of America
2608 Monroe, N.E.
Albuquerque, NM 87110

NEW YORK

Advocates for Children
29-28 41st Ave., Room 508
Long Island City, NY 11101

Center on Human Policy
216 Ostrom Ave.
Syracuse, NY 13210

Mayor's Office for the Handicapped
250 Broadway, Room 1414A
New York, NY 10007

New York Civil Liberties Union
84 Fifth Ave.
New York, NY 10011

Office of Advocate for the Disabled
State of New York, Executive Chamber
Albany, NY 12224

Public Education Ass'n
20 W. 40th St.
New York, NY 10018

OHIO

Ohio Ass'n for Protection and Advocacy for Persons with Developmental Disabilities
8 East Long St., Suite 320
Columbus, OH 43215

Southwestern Ohio Coalition for Handicapped Children
3024 Burnet Ave.
Cincinnati, OH 45219

PENNSYLVANIA

Education Law Center
2100 Lewis Tower Bldg.
225 So. 15th St.
Philadelphia, PA 19102

Public Interest Law Center
1315 Walnut St.
Philadelphia, PA 19107

SOUTH DAKOTA

South Dakota Advocacy Project, Inc.
111 West Capitol
Pierre, SD 57501

VIRGINIA

American Civil Liberties Union
1001 East Main St., Suite 515
Richmond, VA 23219

XI

OFFICES FOR CIVIL RIGHTS
FOR THE HANDICAPPED

This part contains a list of Regional Offices of Civil Rights which ensure that no person is unlawfully discriminated against by Federal Education fund recipients on the basis of race, national origin, sex, handicap or age. The Offices of Civil Rights function under the jurisdiction of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. Those who fall under these authorities are local school agencies, state education agencies, 3200 institutions of higher education, state rehabilitation agencies and their subrecipients, and other recipients such as libraries, who receive Federal funds. Complaints of discrimination on the basis of handicap may be filed with the Regional Office of Civil Rights.

REGION I
(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont):
14th Floor, 140 Federal Street
Boston, MA, 02110

REGION II
(New Jersey, New York, Puerto Rico, Virgin Islands):
26 Federal Plaza
New York, NY 10007

REGION III
(Delaware, D.C., Maryland, Pennsylvania, Virginia, West Virginia):
Gateway Building
3535 Market St.
P.O. Box 13716
Philadelphia, PA 19101

REGION IV
(Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee):
101 Marietta St.
10th Floor
Atlanta, GA 30303

REGION V
(Illinois, Indiana, Minnesota, Michigan, Ohio, Wisconsin):
300 South Wacker Drive
Chicago, IL 60606

REGION VI
(Arkansas, Louisiana, New Mexico, Oklahoma, Texas):
1200 Main Tower Bldg.
Dallas, TX 75202

REGION VII
(Iowa, Kansas, Missouri, Nebraska):
Twelve Grand Bldg.
1150 Grand Avenue
Kansas City, MO 64106

REGION VIII
(Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming):
Federal Building
1961 Stout St.
Denver, CO 80294

REGION IX
(Arizona, California, Hawaii, Nevada):
14th Floor
100 Van Ness Ave.
San Francisco, CA 94102

REGION X
(Alaska, Idaho, Oregon, Washington):
Arcade Plaza Building MS 508
1321 Second Ave.
Seattle, WA 98101

WHAT IS
PROFESSIONAL ASSOCIATES NETWORK?

The purpose of **Professional Associates Network** is to serve the handicapped by creating a common link among professionals who work with the handicapped. Professional **Associates Network** operates as a referral source for individuals and groups seeking services such as school placement, testing, training workshops, medical services, counseling, psychotherapy, legal aid, technical assistance or educational consultation.

Professionals or groups that are interested in being considered as a referral source may complete the information form on the following page and return to PAN. A filing fee of $5.00 should be included. Information will be updated annually.

Professional Associates Network Press publishes a newsletter and other materials concerned with serving the handicapped.

PROFESSIONAL INFORMATION FORM

Name: ______________________________

Permanent Address: ______________________________

Professional Title: ______________________________

Employer's Name: ______________________________

List Professional Certification or License Certificate or License	State Granting Certificate or License

List Degrees

Degree	Institution	Year	State

List Work Experience which relates to serving the handicapped.

Position	Employer	State	To	From

List services you are qualified to provide to the handicapped.

Service	Fee

Attach additional information if needed.

I, the undersigned, hereby grant to **Professional Associates Network** the right to release the above information in any manner to persons requesting services which I am qualified to provide for the handicapped or to individuals or groups who work with the handicapped. I enclose $5.00 filing fee and will receive confirmation of my membership in **Professional Associates Network**.

____
Signature

____
Date

HOW MANY TERMS DO YOU KNOW

?

List any terms which you use in your work with the handicapped which are not in this publication. Names of organizations may be included. All contributors will be listed in our 1985-86 revised DICTIONARY: TERMS USED IN EDUCATION OF HANDICAPPED.

Please print

Name of Contributor: ______________________________

Profession: ______________________________

Address: ______________________________

____

TERMS	Give address of organization or the name of a reference which can be used for further information.

Cut along dotted line

SEND TO:
PROFESSIONAL ASSOCIATES NETWORK
P. O. BOX 902
FAYETTEVILLE, ARKANSAS 72702